Behavioral Health Services
and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 1996

Fife Symington, Governor

Jack Dillenberg, DDS, MPH, Director
Arizona Department of Health Services

Rhonda Baldwin, Assistant Director
Division of Behavioral Health Services

Published By:

Arizona Department of Health Services
Division of Behavioral Health Services
2122 East Highland Avenue, Suite 100
Phoenix, Arizona 85016
(602) 381-8999

Behavioral Health Services
and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 1996

Submitted in Compliance with
A.R.S. § 36-3405 and 36-209(e)

Arizona
Department of
Health Services

~Leadership for a Healthy Arizona~

Arizona Department of Health

Office of the Director

1740 W. Adams Street
Phoenix, Arizona 85007-2670
(602) 542-1025
(602) 542-1062 FAX

FIFE SYMINGTON, GOVERNOR
JACK DILLENBERG, D.D.S., M.P.H., DIRECTOR

February 10, 1997

The Honorable Fife Symington
Governor
State of Arizona
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Symington:

I am pleased to present the Annual Report for Arizona Department of Health Services/Behavioral Health Services and The Arizona State Hospital for Fiscal Year 1996. This report is prepared in accordance with A.R.S. 36-3405 and 36-209(E). The report combines the annual reports for Behavioral Health Services and the Arizona State Hospital and reflects the activities of various components of these service areas.

I pledge our continued efforts toward a system which provides quality behavioral health services to those in need and which is accountable to the citizens of this State.

Sincerely,

Jack Dillenberg, D.D.S., M.P.H.
Director

JD/SS:bm

ARIZONA DEPARTMENT OF HEALTH SERVICES

BEHAVIORAL HEALTH SERVICES AND ARIZONA STATE HOSITAL

ANNUAL REPORT - FY 1996

TABLE OF CONTENTS

EXHIBITS

APPENDICES

INTRODUCTION

The Arizona Department of Health Services, Behavioral Health Services (ADHS/BHS) continues to focus its efforts and energies toward providing leadership in activities designed to more effectively meet the needs of Arizona. Arizona is a leader in the public sector behavioral health field in its managed care approach to service delivery. ADHS/BHS is committed to delivering quality, cost-effective services, effectively managing the care as well as the costs. The behavioral health service delivery system envisioned for the future is one in which a fully developed and integrated continuum of care is available in urban and rural areas. This comprehensive array of services will be community based, culturally sensitive, family focused, and will build on the strengths of the client, bringing about the greatest degree of recovery possible in a timely manner.

ADHS/BHS has embarked upon a strategic planning process designed to guide us into the next century as we continue to meet new challenges. To guide us in this process, we have developed a vision, mission statement and guiding principles:

VISION FOR THE BEHAVIORAL HEALTH SYSTEM

We envision an accountable and accessible behavioral health system. This system provides for responsive, comprehensive, community-based services tailored to the individual, family, community and culture. It does this to promote healthy development and to provide effective prevention, evaluation, treatment and intervention services to people in need who would otherwise go unserved, so that people are empowered and can lead responsible, productive, meaningful lives. It reduces the costs to society from behavioral health problems and improves quality of life for the people we serve and for society.

MISSION STATEMENT

The mission of Behavioral Health Services is to continually improve the effectiveness and efficiency of a comprehensive system of behavioral health care in order to meet the needs of the people of Arizona.

INTRODUCTION

The Arizona Department of Health Services, Behavioral Health Services (ADHS/BHS) continues to focus its efforts and energies toward providing leadership in activities designed to more effectively meet the needs of Arizona. Arizona is a leader in the public sector behavioral health field in its managed care approach to service delivery. ADHS/BHS is committed to delivering quality, cost-effective services, effectively managing the care as well as the costs. The behavioral health service delivery system envisioned for the future is one in which a fully developed and integrated continuum of care is available in urban and rural areas. This comprehensive array of services will be community based, culturally sensitive, family focused, and will build on the strengths of the client, bringing about the greatest degree of recovery possible in a timely manner.

ADHS/BHS has embarked upon a strategic planning process designed to guide us into the next century as we continue to meet new challenges. To guide us in this process, we have developed a vision, mission statement and guiding principles:

VISION FOR THE BEHAVIORAL HEALTH SYSTEM

We envision an accountable and accessible behavioral health system. This system provides for responsive, comprehensive, community-based services tailored to the individual, family, community and culture. It does this to promote healthy development and to provide effective prevention, evaluation, treatment and intervention services to people in need who would otherwise go unserved, so that people are empowered and can lead responsible, productive, meaningful lives. It reduces the costs to society from behavioral health problems and improves quality of life for the people we serve and for society.

MISSION STATEMENT

The mission of Behavioral Health Services is to continually improve the effectiveness and efficiency of a comprehensive system of behavioral health care in order to meet the needs of the people of Arizona.

PRINCIPLES

The Behavioral Health Services Management Team is committed to achieving excellence in the development and delivery of behavioral health, prevention and treatment services through adherence to the following principles:

1. **Effective Leadership** We value and promote leadership with integrity at all levels within the service system. Through coaching, counseling, mentoring and sharing of information we provide a supportive work environment where decisions are made at the levels most responsive to the customer.

2. **Innovation and Creativity** We challenge the status quo to find better ways to coordinate, integrate and enhance services for the people we serve.

3. **Service Philosophy** We value the input of all our stakeholders and the people we serve. We believe in building excellent relationships which reflect mutual responsibility and respect for BHS stakeholders and the people we serve.

4. **Healthy Living** We encourage and promote responsible living and regard prevention services and health promotion as an integral part of the behavioral health service delivery system.

5. **Public Stewardship** We accept the responsibility for the proper use of public resources in ways that optimize benefits to the public.

6. **Continuous Quality Improvement** We measure the efficiency and effectiveness of the delivery of care to provide continuous feedback to stakeholders and internal decision makers. Performance measures are outcome based and are selected for their usefulness in achieving the purpose of improving performance and of responding to customer's changing needs.

7. **Commitment to Employees** We recruit and retain a professional, culturally diverse team. We provide opportunities for life long learning.

8. **Development of Partnerships** We forge partnerships to achieve mutual goals through open communication, honoring commitments, and fostering trust.

HISTORY OF BEHAVIORAL HEALTH SERVICES

The Arizona Department of Health Services is the State agency responsible for public health education, prevention and treatment. ADHS is comprised of six major service areas which report to the Director of the Department. The Division of Behavioral Health Services (BHS) is the largest of these service areas, both in number of staff and size of budget. The BHS budget constitutes approximately 75 percent of ADHS' total budget.

Behavioral Health Services was recreated within ADHS by Arizona Revised Statutes 36-3402 et. seq., effective August 13, 1986. The intent of the Arizona Legislature was to create permanent authority for behavioral health and to express a commitment to the importance of behavioral health services in Arizona. BHS serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system. The service area has primary responsibility for administering a system of behavioral health care which is responsive, individualized, cost efficient, culturally sensitive and equally accessible.

DESCRIPTION OF THE BEHAVIORAL HEALTH SERVICE DELIVERY SYSTEM

Section 36-3410 of Arizona Revised Statutes authorizes ADHS/BHS to contract with community based organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer behavioral health services in the State. These RBHAs are private, non-profit organizations, and function in a fashion similar to a health maintenance organization. The State is divided into six geographic regions. Each region is assigned to a RBHA. See Appendix A for a map of the geographic service areas.

RBHAs are responsible for assessing the service needs in their region and developing a plan to meet those needs. They contract with a network of more than 350 service providers to deliver a full range of behavioral health care services, including prevention programs for adults and children, and a full continuum of services for adults with substance abuse and general mental health disorders, adults with serious mental illness, and children with serious emotional disturbance.

RBHAs contract for, or deliver Title XIX Medicaid services through a capitated payment methodology based on total Title XIX eligibles. They are also responsible for managing all other non-Medicaid resources based upon fixed price contracts.

In addition to the RBHA system, BHS has developed several options for the delivery of behavioral health services to American Indians, both on and off the reservation. American Indians who live off the reservation may access services through the RBHA system in the same manner as any other Arizona resident. For American Indians who live on a reservation, the Tribe has the option of: (a) entering into an Intergovernmental Agreement with ADHS to deliver behavioral health services on the reservation, with the reservation acting as its own RBHA; (b) contracting with the local RBHA to provide services; or (c) allowing on-reservation Tribal members to obtain behavioral health services either through Indian Health Service, or going off reservation to receive services.

ORGANIZATIONAL STRUCTURE OF BEHAVIORAL HEALTH SERVICES

The Assistant Director and Deputy Assistant Director provide leadership and direction in accomplishing the mission of BHS. An Organizational Chart is included in Appendix B. The management team, which is composed of Bureau Chiefs, oversees the following functions:

Fiscal Management - **The Bureau of Administrative Support Services** provides oversight and coordination of BHS financial and operational functions to ensure efficient, effective, and accountable operations in accordance with federal and state laws and regulations and Department policies. Functions include fiscal monitoring and budget, provider services, procurement and personnel services. This Office has provided leadership in the development of financial standards to assure a healthy balance of the fiscal viability of the system and the needs of the clients it serves.

Planning - **The Bureau of Planning and Council Support** has responsibility for establishing strategic vision and direction for publicly funded behavioral health services in Arizona. The BHS planning process occurs at all levels of the system and ensures the involvement of all stakeholders in the process. BHS receives input from four advisory councils, and through regional public planning meetings. The BHS budget request process is an integral component of planning, as required by the State's Budget Reform Act. The planning process includes the production of a three-year plan, with annual reviews and reports of progress.

Program Development - **the Bureau for Persons with Serious Mental Illness; the Bureau of Children's Services; the Bureau of Substance Abuse and General Mental Health; and the Bureau of Prevention** are responsible for the design, development and provision of technical assistance to the RBHAs and provider community in each program area. These offices provide leadership in establishing standards of performance, designing outcome indicators and identifying best practices.

Clinical Oversight - the **Office of the Medical Director** provides clinical oversight in the provision of behavioral health services. Working closely with the Medical Directors of the RBHAs, the Medical Director develops clinical practice guidelines which are used throughout the State. The Medical Director also coordinates with the Medical Director of AHCCCS and with AHCCCS Health Plans for the joint management of clients' physical and behavioral health needs.

Quality Management - the **Bureau of Quality Management and Managed Care** assumes responsibility for quality assessment and continuous quality improvement, utilization review and risk management. The Chief and staff of this office chair statewide monthly meetings of RBHA QM Coordinators to recommend, review and implement standards of care and practice guidelines.

BHS has established a structure for monitoring the RBHA system. The responsibility for coordinating the monitoring function resides in the Bureau of Quality Management and Managed Care. The monitoring program incorporates quality concepts and decision support systems to measure the programs and services delivered through ADHS/BHS and the RBHAs. Fundamental to the program are the three RBHA Monitoring Teams. Each team is composed of BHS staff that represent all of the functional areas within BHS. This allows the teams to assess the monitoring variables from a truly cross-functional perspective. Each monitoring team is assigned to work with two Geographic Service Areas.

Management Information Systems - the **Behavioral Health Applications Team of Information Technology Services** provides automation support to BHS to achieve its business goals. Staffs' primary function is to develop and maintain the Client Information System (CIS) application and database. This system tracks clients receiving behavioral health services in Arizona. The main functions of the system are:

- Client intake/registration
- AHCCCS interface (reporting of Title XIX clients and services)
- Client service tracking
- Fund tracking and reporting
- Ad hoc reporting/BHS management reporting
- External agency reporting
- RBHA data download interface

As ADHS/BHS moves further toward integration of data systems, additional opportunities for the continued enhancement of analysis and reporting capabilities will be identified, permitting a wide range of specialized monitoring research and projects by ADHS/BHS.

In addition to the support of the CIS system, the ITS team develops PC stand alone applications to support business needs within various BHS offices.

Resolution of disputes - the **Office of Grievances and Appeals** maintains a grievance system which provides for an administrative resolution of disputes for members, subcontractors, and providers or non-contracting providers, in accordance with state and federal regulations, statutes and standards. In addition to the grievance system, BHS has designated specific staff members to act as ombudspersons, advocating to resolve problems or issues raised by members or providers. The Office of Grievance and Appeals is responsible for the development of policies and procedures, management and implementation of the grievance system within BHS, and monitoring at the RBHAs.

Arizona State Hospital - BHS is also responsible for the operation of the **Arizona State Hospital.** The Annual Report of the Arizona State Hospital is contained as a separate report in this document.

TOBACCO TAX PROGRAMS

During the initial year of Tobacco Tax Revenue Funding, the Division of Behavioral Health Services laid the groundwork for an array of programs to meet the *behavioral health needs of indigent or underinsured children and adults*. The Division of Behavioral Health Services focused services in five major areas:

- Psychiatric Crisis Response Systems
- Programs for Youth i.e., prevention of school drop out, juvenile detention collaboration and substance abuse residential treatment
- Mental Health Support Services for Persons with Serious Mental Illnesses
- Mental Health Services for Persons who are Elderly
- Rural Detoxification Programs

The Division of Behavioral Health Services developed a list of priority services and requested each Regional Behavioral Health Authority to submit a Program Expenditure Plan, detailing the process used to identify the unmet needs and the proposed programs for each area of the State. The Division of Behavioral Health Services utilized a team of managers from within the Division to review and approve the plans. The review team also developed standards and rules for use of Tobacco Tax Revenues.

The majority of time during the initial year was spent planning, selecting, procuring and developing these new programs to meet the needs identified in each area of the State. The first fiscal year reflects the time necessary to start new programs. In subsequent years, evaluation reports will provide additional details about the results and the measurable objectives of the programs. The first year of funding included the following steps:

- Development of Administrative Rules
- Development of plans by the Regional Behavioral Health Authorities for use of Tobacco Funds for regional areas
- Evaluation and selection of the programs to be funded
- Procurement of services through the Request for Proposal Requirements
- Development of programs, e.g., development of objectives, hiring staff, and in some instances, the purchase and development of physical sites for programs

Key Objectives of the Programs

Each of the twenty-four programs funded have detailed, measurable objectives. Key objectives for the funding included:

- Increased quantity and quality of the services provided in the ComCare Crisis Response System and the Southeastern Arizona Crisis System;

- Development of an array of prevention services, geared to helping youths with such issues as staying in school, refraining from drug use and entering or re-entering the juvenile detention system;

- Development of two rural detoxification programs;

- Provision of behavioral health services to people over the age of sixty, who would otherwise not have services available;

- Increased employment opportunities and support services for persons with serious mental illnesses; and

- Development of a Mobile Mental Health Clinic for the remote areas of Yuma and LaPaz Counties.

Key Findings

Three months operation of Tobacco Tax Revenue funded behavioral health programs have already provided significant results:

- The ComCare Crisis Response System developed a new Urgent Care Center for people in psychiatric crisis in the West Valley and increased the response time to people in crisis at the Urgent Care Center in Central Phoenix. Seventy-five percent (75%) of all people are now seen within thirty (30) minutes of arriving at the Urgent Care Center.

- ComCare added the new service of In-home Stabilization. Ninety-three (93%) of the people provided In-Home Stabilization were diverted from psychiatric hospitalization. ComCare increased the response time of Mobile Crisis Teams and Psychiatric Ambulances.

- The development of a positive interactive relationship with multiple police and fire departments was seen as a major challenge for the ComCare Crisis Response System. That relationship continues to improve. A satisfaction survey is planned for the next fiscal year to assess the relationships with the multiple police and fire departments in Maricopa County.

- Once in treatment, seventy-five (75%) of the youth served in the La Canada Program in Tucson (Substance Abuse Residential Treatment for Youth) did not experience problems with violation of probation and did not test positive for drugs. This finding represents the initial treatment phase and conclusions about the longer term effectiveness of the program will be assessed in subsequent evaluation reports.

- Although results are preliminary, 60% of the youth in a juvenile detention collaboration program did not return to juvenile detention.

- The Southeastern Arizona Crisis System developed standards and protocol for a comprehensive crisis response system in the four county area of Cochise, Santa Cruz, Greenlee and Graham.
- Physical sites were developed for the two rural detoxification programs (Yuma and Coconino Counties) with services to start by 11-1-96.

- A van was purchased and equipped to provide a Mobile Mental Health Clinic for the remote areas of Yuma and LaPaz Counties.

ARNOLD V. SARN EXIT CRITERIA

In November, 1995, ADHS/BHS reached an agreement with all parties to end the Arnold v. Sarn lawsuit. Under this agreement, court oversight of the mental health system for persons with serious mental illness in Maricopa County will terminate when the State and the County meet established exit criteria.

This case began in 1981 with a lawsuit in Maricopa County alleging that the State and County had not met their statutory obligations to provide a comprehensive, community based system of care for persons with serious mental illness. The Superior Court found in favor of the plaintiffs; on appeal, the ruling was affirmed by the Arizona Supreme Court.

In 1991, the Court ordered an extensive set of system improvements and appointed a court monitor to oversee their implementation. Since that time, funding for services for persons with serious mental illness has increased dramatically as a result of the lawsuit. In FY 1982, $1 million was appropriated for services to this population; the budget for FY 1995-96 was $140.6 million from all sources.

System improvements also include: the development of a comprehensive set of rules governing the rights of persons with mental illness; the creation of an Office of Oversight and Protection as a means of advocacy for clients; and the unification of funding and services with Maricopa County through an intergovernmental agreement.

DOWNSIZING OF ARIZONA STATE HOSPITAL

As a result of the recent settlement of the Arnold v. Sarn lawsuit and the resultant transfer of patients from the Arizona State Hospital (ASH) to community treatment programs, and the reduction of appropriations for the hospital, the total bed capacity at ASH is being reduced to 250 by July, 1997.

About 100 persons with serious mental illness will be transferred from the hospital's extended-care units to new community-based treatment programs in accordance with the November, 1995 settlement of the 14-year old lawsuit. The settlement calls for the State to develop additional community residential and support services, and to reduce the use of supervisory care homes and ASH for persons with serious mental illness. About $7 million will be shifted from the State Hospital budget to support these new programs.

BEHAVIORAL HEALTH SERVICES STRATEGIC PLANNING INITIATIVE

In the Spring of 1996, the Management Team of the Arizona Department of Health Services/Division of Behavioral Health Services launched a strategic visioning and planning process which will set the course for the future of behavioral health service delivery in the next century. In the first phase of this effort, the Management Team created more than fifty descriptors of an improved behavioral health service delivery system. These fifty descriptors were synthesized into five "Key Directions," which include:

I. Service Delivery System Improvement
II. Promoting Managed Care Principles
III. Operational Improvement
IV. Public/Private Partnerships
V. Public Relations and Education

Goal statements were then developed for each of the Key Directions.

In the second phase of the project, the Division held twenty Community Planning Forums to seek and obtain input from a diverse population of stakeholders regarding the clear definition of roles, responsibilities and priorities in the delivery of behavioral health services. This definition is needed to ensure understanding among stakeholders regarding authority and responsibility, and to ensure gaps in the system are identified and appropriately addressed. More than 1,300 people were invited to participate in these forums.

The third phase of the project involves synthesizing the input obtained from the Community Planning Forums and revising/modifying some of the draft goal statements. In the Spring of 1997 a final meeting will be held to finalize the Key Directions and Goals. Once this has been completed, the Management Team will work with local regions to develop objective, strategies, timelines and performance indicators for each of the Goals.

The final draft of the plan is expected to be completed in 1997.

CUSTOMER SATISFACTION

BHS continued the Client Satisfaction Incentive Program for the second year. The Pinal Gila Regional Behavioral Health Authority and its providers are the pilot participants. The program is designed to provide monetary awards to all employees in each agency, based upon client satisfaction. The elements of the award are 50 percent client satisfaction, and 50 percent productivity measures. The total amount possible for each employee to earn during the fiscal year is $300; during FY $ 46,768 was paid out, equating to $153 per employee.

BHS also continued the statewide client satisfaction survey. The survey was administered in October, 1995, and March, 1996. The overall client satisfaction rate in October was 82 percent; in April, the rate was 84 percent. The overall rate, when compared to the satisfaction rate for PGBHA, showed that PGBHA rated highest of all RBHAs, and higher than the statewide average; in October, the PGBHA satisfaction rate was 85 percent, and in April it was 88 percent. It would, therefore, appear that the Incentive Program has a positive impact in improving customer satisfaction.

PRIVATIZATION OF SOUTHERN ARIZONA MENTAL HEALTH CENTER

The Southern Arizona Mental Health Center is the only state-owned and operated community mental health center in Arizona. Nationally approximately 23% of the of the 824 community mental health centers are public agencies. In Arizona, elimination of the State's role as a direct care mental health service provider has been discussed for several years. Given the trend nationally toward the privatization of government, managed care competition and health care reform, and given the local successes in privatizing other health care functions, such as the University of Arizona Medical Center in 1984, and the Arizona Department of Health Services Children's Rehabilitation Clinic in 1991, it appeared to be time to privatize SAMHC.

In FY 1995, the Arizona Legislature created a special line item for SAMHC to facilitate transitioning to the private sector. The Joint Legislative Budget Committee FY 1995 Appropriations Report stated that the ADHS should privatize SAMHC prior to FY 1996.

Managers, staff and Advisory Board members from SAMHC have been meeting since November, 1993 to develop a strategic plan for the Agency. Some members of the SAMHC Advisory Board incorporated a new organization, the Southern Arizona Mental Health Corporation.

A detailed Action Plan was established by the ADHS/BHS in January, 1995. Meetings were scheduled regularly with stakeholders in the Pima County region. On July 1, 1996, the Southern Arizona Mental Health Corporation, a non-profit entity, assumed the day-to-day operations of SAMHC.

SERVICES FOR AMERICAN INDIANS ON RESERVATIONS

The State continues to negotiate Intergovernment Agreements (IGAs) with Arizona Indian tribes who are interested in accessing Title XIX funds to provide services on reservations to their members. The status of these negotiations is as follows:

- **Navajo Nation**

  The Navajo Department of Behavioral Health is in the process of expanding their provider network to allow for greater flexibility and range of services. Overall the Navajo Nation is realizing some very positive changes in the availability of services to the Nation, such as Aspen Hills, one of their contract providers, actually providing services on reservation. This type of relationship between Tribal programs and off-reservation service providers will prove to be very beneficial to the members of the Navajo Nation.

- **Salt River Indian Community**

  Discussions between the Salt River Indian Community and ADHS/BHS to negotiate the re-establishment of an inter-governmental agreement for state mental health and substance abuse dollars are underway. A time line has not yet been established for completion of negotiations or the resumption of funding at this time.

- **Pascau Yaqui Tribe**

  The Pascua Yaqui Tribe is working closely with CPSA to transfer clients currently served through the CPSA network for case management and services delivery. The overall performance and services delivery by the Pascua Yaqui Tribe continues to improve. The Tribe is now beginning to focus upon the education of community members to assure that they are fully aware of the availability of services.

- **Gila River Indian Community**

  The Tribal RBHA continues to develop in its efficiency and improve in the area billing and claims submission. The client caseload for the Tribal RBHA is growing as well as the overall availability of services to the entire community.

- **Colorado River Indian Tribes**

  The projected implementation date for the CRIT has been revised for July 1, 1997. CRIT has not yet completed their internal review and approval process for the implementation of the IGA.

- **San Carlos Apache Tribe**

  San Carlos has expressed interest in entering into the negotiation process for an IGA. No dates are projected for signing or implementation at this time.

- **White Mountain Apache Tribe**

  White Mountain is presently in a contractual agreement with NARBHA for Title XIX and Non-Title XIX services.

- **Tohono O'odham Nation**

  Tohono O'odham has formally expressed their desire to enter into the negotiation process for a limited IGA for the Seriously Mentally Ill at this time. Presently Tohono O'odham is reviewing an IGA document. No date for signing or implementation is projected at this time.

BUREAU ACCOMPLISHMENTS

Bureau for Persons with Serious Mental Illness

Staff of the Bureau for Persons with Serious Mental Illness provide technical assistance to, as well as oversee and monitor the RBHAs to assure a continuum of community based services is available for persons who suffer from serious mental illness. This office has primary responsibility for the implementation of the court ordered settlement agreement in the Arnold v. Sarn lawsuit.

Housing

In the past year, there was considerable emphasis on the development of permanent supportive housing for individuals with a serious mental illness. There are now 1044 units available. This represents a substantial improvement from the 297 units which were available in 1994.

Funding for these units comes from HUD funds allocated to ADHS and to non-profit housing providers, and State subvention funds provided to ComCare which ComCare has allocated for housing assistance.

New Grant Applications have been submitted for two projects to provide housing assistance exclusively for persons with serious mental illness:

1. HUD Shelter Plus Care- Homeless Rental Assistance for Persons with Disabilities

   An application has been filed for approximately 150 additional units for SMI individuals and families. The program provides rental assistance to low income persons for independent housing with supportive services, at affordable rents based on the client's income.

2. State of Arizona HOME Program - Rental Assistance for SMI/Vocational Clients

An application has been filed for 15 units of rental assistance for persons with serious mental illness who are engaged in vocational rehabilitation or other employment related programs. This program provides up to two years of rental assistance to persons who are projected to become economically self-sufficient during the program's duration. Clients will receive a full range of supportive services in addition to housing and vocational rehabilitation services.

Effective on or about July 1, 1996 the State responsibility for planning and administering assisted housing programs for persons with serious mental illness (SMI) will transfer from the Arizona Department of Health Services (ADHS) to the Arizona Department of Commerce (Commerce). Under an Inter-Agency Agreement, Commerce will perform all of the housing functions currently being performed by ADHS, as well as serving the housing needs of the SMI population in the future. The transfer of housing function provides new opportunities to access a variety of housing resources administered by Commerce as well as to be prepared for HUD housing block grants expected to flow to the State, through Commerce, in the near future. Commerce is establishing an Office of Special Needs Housing, within its Office of Housing and Infrastructure Development, to focus special attention on disabled and specialized populations and to maximize the use of local, State and Federal resources to increase special needs housing.

In another development, ADHS has received concurrence from HUD to expand its definition of "homelessness" to persons coming out of institutions, who while technically not homeless upon entering are clearly effectively homeless upon being discharged. This eligibility definition change allows HUD McKinney Act homeless rental assistance funds to become available to a significant number of persons with serious mental illness being discharged from ASH and being released from the jail system. McKinney Act rental assistance provides independent, decent housing for homeless clients with disabilities at an affordable cost of 30% of their income.

Since 1994 ComCare has administered a homelessness prevention project which provides security deposits and/or short term rental assistance to persons with serious mental illness who are in danger of becoming homeless. Funding will be fully expended in early 1997. An estimated 497 clients with serious mental illness will have been served.

With respect to SMI Homeless prevention, a new application for State HOME funds has been filed to provide additional security deposit funding for an additional 200 persons with serious mental illness. Funding decision for this grant is expected to have been made by October, 1996.

A Safe Haven facility has been developed in downtown Phoenix to serve homeless individuals with serious mental illness and substance abuse dual diagnoses. The facility provides space for 50 individuals during the day and residential facilities for 25 persons nightly. The Safe Haven serves as a form of pre-shelter where the most difficult to serve homeless individuals can come to get off the streets. The program concept is to provide a facility where this population can be progressively "engaged" to address their mental health.

Consumer Advisory Board

The Statewide Consumer Advisory Board for the Bureau for Persons with Serious Mental Illness continued to expand its role in providing recommendations and assistance to the Bureau. The twenty member Board held eleven Board meetings, and had an average attendance of fifteen members per meeting. The Board:

- formalized By-Laws and standing sub-committees;
- planned the Third Annual Consumer/Family Conference;
- provided recommendations about legislation;
- developed a training module titled "Individual Service Plans: Training for People Using Behavioral Health Services;" and
- provided direction and oversight of the newly developed Consumer Advisory Board Newsletter.

The Consumer Advisory Board developed a quarterly newsletter to provide information to consumers and family members about the mental health system, current trends and local information. A consumer editor/coordinatorwas hired, three issues were printed and 600 copies per issue were distributed to all areas of the State.

Training and Conferences

The Third Annual Consumer/Family Conference was conducted in August, 1996. The Conference was "A Person-Directed Approach to Wellness," and was designed to assist participants in improving their ability to take better care of their own health. Approximately 170 people attended the one day session. The conference was provided at no cost to consumers and family members, and out of town participants were assisted with travel and accommodation costs. The Consumer Advisory Board provided a standing committee to assist with all aspects of the conference.

Individual Service Plan Training was provided to consumers using carryover funds from the CSP grant. Through the competitive bid process, three consumers were selected to provide training throughout the state, with the bulk of the training being provided in Maricopa County. It is estimated that 100 training sessions will eventually be provided to approximately 600 persons throughout the State. It is also expected that the training will be provided to the various units at the Arizona State Hospital. The Consumer Advisory Board, in conjunction with the University of Arizona, developed the training module, which has consistently received positive comments from consumers and staff.

With the cooperation of the Arizona Alliance for the Mentally Ill, the Bureau for Persons with Serious Mental Illness assisted over 35 consumers and family members in attending additional training. The majority of the funds were used to send people to out of state meetings and conferences, including the NAMI Annual Conference, AAMI Annual Meeting, Alternatives 95 National Mental Health Consumers' Self Help Clearinghouse, the SEEDS Symposium, and the National Cultural Diversity Conference. Through these funds, Arizona was able to have a national presence at the major mental health conferences, and in, turn bring back national information to other consumers and family members in Arizona.

The Salt River Pima-Maricopa Indian Community received $30,000 to continue to support its CSP grant project. The project was designed to enhance the consumer support groups coordinated by the Tribe and to conduct an Arizona Native American Mental Health Conference. To date, the project is still in the development phase.

Vocational Rehabilitation

The development and expansion of vocational services continued to be a high priority for the Bureau for Persons with Serious Mental Illness. In the fall of 1995, the University of Arizona, ComCare and RSA, with the financial support of BHS, were awarded a demonstration grant to provide integrated, as well as expedient vocational services. The SAMHSA funding for this program is over $900,000 for the five year period. Over 200 consumers have been interviewed and are participating in the project. The project was recently evaluated by SAMSHA, and the feedback regarding the implementation of the project was positive.

On August 26, 1996, the first class of 6 graduated from Marriott Pathways to Independence Program. This program is a nationally successful, unique and effective supported employment model that meets the needs of persons with serious mental illness who desire vocational opportunities. BHS staff were instrumental in organizing this effort. The graduation ceremony was held at Marriotts' Mountain Shadows resort and families of the consumers as well as representatives from VR, ComCare, and ADHS/BHS attended. Each consumer received a certificate of training program completion and had a specific job area identified to be hired into within the next 30 days. They ranged from reservations to food service. Referrals are currently being taken for the next class which starts in November, 1996. The plan is to accept more referrals so that at least 15 consumers, which was the original capacity, can successfully graduate.

Bureau for Childrens' Services

The mission of the Bureau of Children's Services is to support and monitor a statewide system for the delivery of comprehensive community-based behavioral health services for all of Arizona's children and adolescents.

In 1988, Arizona enacted landmark legislation mandating the development and delivery of a comprehensive continuum of coordinated behavioral health care for children. Previously these services had been provided by different agencies according to individual mandates addressing specific populations of children. A.R.S. 36-3431, et.seq. requires interdepartmental collaboration for a single system to address the behavioral health needs of all Arizona children. BHS was designated the lead agency for the development of this children's system.

The delivery system for behavioral health services to children in Arizona continues to develop and improve. From the 1988 legislation to the implementation of the Title XIX program, BHS has engaged in an ongoing process to meet the mandates of both Title XIX and non-Title XIX programs to serve the children in a manner which is both clinically effective and cost efficient.

During the past year the Bureau of Childrens' Services, in partnership with other agencies that serve children, was involved in the implementation of two major projects to coordinate services to children.

Single Purchase of Care

The first initiative is the Single Purchase of Care (SPOC). The purpose of SPOC is to develop a single coordinated purchase-of-care system for childrens' behavioral health care. Providers will no longer have to enter into separate contracts with each participating State agency. The development of the SPOC process was the result of efforts of the State Team, consisting of representatives from each of the participating agencies, which coordinated a statewide contracting process through local teams.

A Request for Proposals was issued for Fiscal Year 1997, representing the first phase of implementation of the SPOC system. Approximately 300 proposals were submitted for consideration. The local teams evaluated the proposals and completed contract negotiations. Contracts with new providers were completed by July, 1996.

Interagency Case Management Project

The second major initiative was the implementation of the Interagency Case Management Project (ICMP) in Maricopa County. The purpose of ICMP is to centralize, coordinate and manage the utilization of publicly administered services and funds for State agencies serving children.

Key goals of ICMP are to:

- unduplicate case management;
- develop an efficient, effective coordinated service delivery system;
- demonstrate that a cooperative, collaborative effort can be achieved between State agencies;
- ensure children and families receive appropriate and timely assessment and services;
- improve the cost effectiveness of the service delivery system; and,
- recommend ways to streamline administrative processes across agencies.

Children eligible for this program are those under age 18, involved with three or more agencies that serve children, including education, and have identified, multiple unmet needs of the family. Services are available through the project for the child and the entire family. The project coordinates service planning, delivery, and discharge for the family. There are currently 120 children served by the project.

Staff from the Bureau of Childrens' Services also participated in a number of additional efforts to improve the system, including:

- Continued participation in an interagency effort to coordinate transition services for adolescents who are deaf-blind. The purpose of this project is to establish local teams to support these individuals in their efforts to more fully function within their local communities. This project also includes the involvement of staff from the Arizona School for the Deaf and Blind, DES/Division of Developmental Disabilities, DES/Vocational Rehabilitation, Arizona Department of Education Transition Services, the University of Arizona, and parents. The group is currently discussing expansion of their efforts to include all disabilities and age groups.

- Continued participation in an interagency task force addressing infant mental health services. The primary focus of the task force this year has been on the development of a multi-disciplinary screening tool for early identification of behavioral health problems in infant and toddler populations.

- Participation in an interagency task force charged with improving the process for fingerprinting of individuals working with children. It is anticipated that legislation addressing the fingerprinting process will be introduced in 1997.

- Collaboration with DES on the development of an Operations Manual to supplement the Intergovernmental Agreement between DES and ADHS. It is anticipated that the manual will be completed in 1996.

- Collaboration with DES on improving the care of children served by the behavioral health system who are under the care and custody of DES/ACYF or are served by DDD. A process improvement team has been assembled to work on specific issues and will be making recommendations to the Executive Committee of the Children's IGA.

- Coordination and provision of training to Tribal RBHAs designed to assist them in performing the various duties required.

Bureau for Substance Abuse and General Mental Health Services

For thousands of Arizonans, substance abuse treatment offers an opportunity to reclaim their lives and rebuild families and careers shattered by alcoholism and drug dependency. Over the past 20 years, a body of evidence has established the potential of treatment to trigger positive change in the lives of users *and* to dramatically reduce the social and health care costs of addictive disorders. In particular, substance abuse treatment reduces street crime, restores gainful employment, reduces risk-taking lifestyles, and relieves a host of public health costs associated with HIV disease, fetal substance exposure, debilitating disease, and substance-related mental health problems, such as domestic violence, suicide and chronic depression.

Similarly, untreated depression and other general mental health disorders are among the most common behavioral health problems in America today. Depression alone is responsible for more missed days of work than any other health problem except heart disease. More than half of all suicides in the U.S. each year occur in adults suffering from untreated, and often undiagnosed, depression. Individuals offered short-term, early-stage counseling and support are less likely to become repeat consumers of mental health services.

The Bureau of Substance Abuse and General Mental Health provides leadership, policy direction and administration for a statewide system of treatment programs and activities committed to reducing and eliminating drug, alcohol and general mental health problems in Arizona. Through a network of community-based programs and agencies, the Bureau ensures timely availability of an array of treatment services that assist individuals in overcoming addictive disorders and their related health and social consequences.

In addition to administering the statewide delivery of primary treatment services, the Bureau develops policy guidelines and program standards addressing the special needs of high-risk populations, including women with children, injection drug users, the dually diagnosed, criminally-involved users, homeless populations, and Native Americans and other ethnic minorities.

The Bureau also oversees funding for programs that target high-risk populations or individuals with special needs, including substance-abusing adolescents and seriously mentally ill adults with addictive disorders.

There were many accomplishments of the Bureau in the past year in a number of areas. They are as follows:

Treatment Initiatives

First and foremost, the Bureau designed and implemented the $9 million Title XIX program making Medicaid-reimbursable substance abuse and general mental health treatment services available in Arizona for the first time. It also developed a specialized statewide continuum of residential and aftercare services for chronic, hard-core substance abusers. In partnership with the Arizona Department of Corrections, a comprehensive substance abuse treatment program was developed for inmates at 36 prison sites around the state, as well as a 30-bed facility for incarcerated women requiring substance abuse treatment in Pima County.

A revolving loan fund to provide group housing facilities for recovering users was designed and implemented. Guidelines and reporting mechanisms were developed for the provision of HIV counseling, blood draws and aftercare services to individuals in drug/alcohol treatment who are seropositive for HIV. Licensure guidelines and regulations were designed to allow for social model substance abuse detoxification programs. Finally, the Bureau launched a statewide program to provide LAAM -- a long-acting opiate agonist that eliminates need for take-home methadone doses. Three programs are currently piloting the drug in Arizona.

Demonstration Projects

The Bureau was responsible for the direct project management of the $1.3 million "family" of needs assessment studies funded by the Center for Substance Abuse Treatment. During 1995, the Bureau completed a statewide random digit dial Telephone Household Survey of 8,666 adults, a targeted study of substance abuse problems among adults and juveniles in jail, and launched one of four Tribal Nation Household studies.

The Bureau also participated in a 7-state national evaluation of quality assurance tools in methadone maintenance programming. It administered a five-year grant to develop a 40-bed facility for pregnant women and women with children in Pima County. In partnership with the Arizona Department of Youth Treatment and Rehabilitation, it also administered a three-year grant providing community-based treatment services in the home. The program maintains 100 slots for young offenders in Maricopa County.

Conferences/Trainings

The national American Methadone Treatment Association Conference was hosted by the Bureau in Phoenix. Working with the Offices of HIV/STD Services and TB Elimination, the Bureau planned and hosted a statewide training in mechanisms to promote cooperation between public health agencies and substance abuse treatment programs in dealing with issues of the confidentiality of substance abuse/infectious disease records. Finally, a statewide training for alcohol and drug counselors on identifying and addressing HIV issues in clients was funded through the Bureau.

Task Forces/Stakeholder Groups

Staff worked with a 16-member legislative council charged with developing a comprehensive statewide strategy for substance abuse identification, prevention, treatment and case management services for pregnant substance abusers. A staff member also served as the BHS liaison to the Substance Abuse Subcommittee of the Arizona Association of Behavioral Health Programs. Another acted as the BHS liaison to the statewide Substance Abuse and Gang Policy Council. In this capacity, staff also participated in the fourth *Arizona Inventory of Substance Abuse Prevention and Treatment Programs*, a statewide resource assessment of drug and alcohol funding and activities.

Additional liaison roles included working with the DUI Advisory Council on a comprehensive assessment of DUI adjudication and treatment systems, including evaluation of outcomes and recidivism among DUI offenders, and with the Childrens Behavioral Health Planning Council as the BHS representative for substance abuse treatment and prevention to this statutorily-mandated task force addressing access and appropriateness of childrens' care.

Bureau for Prevention

The Bureau of Prevention was established to provide education and training to a target population of Arizonans who are at risk for developing behavioral health problems. This program area responds, in part, to legislation which established the children's funding category. Twenty percent of the children's behavioral health allocation is designated for prevention services and programming. In addition, the federal Substance Abuse Block Grant contains specific set-aside funding for prevention services.

Prevention is defined as "a process of creating conditions and circumstances within the environment that enhances the opportunities for all citizens to be healthy, productive members of the community." It is also defined as a "proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles."

The Bureau of Prevention staff work cooperatively with community groups to develop and deliver training on specific topics; to address statewide issues related to prevention; and to provide technical assistance in the development of new programs and services.

The Bureau of Prevention provides leadership to the prevention field in Arizona by acting as liaison to the U.S. Center for Substance Abuse Prevention, The Southwest Prevention Center, The National Prevention Network, and the National Center for the Advancement of Prevention. State of the art prevention and technology obtained through these resources are provided to the field through consultation, technical assistance and specialized training and seminars. The following is a summary of the accomplishments of the Bureau of Prevention.

Technical Assistance & Consultation

The Bureau of Prevention Provided ongoing guidance, technical assistance, training and consultation to RBHA Prevention Coordinators in the development of their respective prevention programs. Consultation was provided to the IGA Tribes, including specific assistance to the Navajo Nation tribal RBHA, Colorado River Indian Tribes, Salt River Indian Community and Gila River Indian Community.

The Bureau also facilitated monthly prevention meetings with the Regional Behavioral Health Authorities (RBHAs) for purposes of provision of technical assistance. These meetings influenced numerous program improvements at the RBHAs, including an increased focus on research-based strategies, evaluation, and prevention in managed care.

Training

The Bureau of Prevention participated in the planning and implementation of the following conferences and training:

- Sexual Abuse Prevention, April, 1996 - Provided training to 100+ persons on the Colorado River Nation on the prevention of sexual abuse.
- Program Evaluation - Provided training to providers and RBHA staff in program evaluation.
- Community Mobilization, Training of Trainers, January, 1996 - This training was presented to thirty prevention specialists, representing a variety of programs, to give them an opportunity to learn and practice skills necessary to act as a facilitator in the community mobilization process.
- Encuentro, March 1996, El Paso, Texas - This conference focused on connecting the fields of substance abuse prevention and treatment to Family Preservation.
- Storytelling: Culture as Prevention, February 1996 - This conference promoted storytelling as a strategy in preventing substance abuse and other destructive behaviors.
- Hispanic Latino Leadership Institute, February 1996 - This training was delivered as a training of trainers model to prepare 25 individuals from across the state to replicate the institute in their respective communities. A unique feature of this training was that it was conducted entirely in Spanish, providing participants an opportunity to enhance their abilities to deliver training in Spanish.
- Statewide Prevention Provider meeting with more than a hundred staff from behavioral health prevention provider agencies in attendance.
- Worked with Arizonans For Prevention in support and planning of their annual meeting and conference.

Prevention Framework for Behavioral Health

The Bureau conceptualized, developed and wrote the Prevention Framework for Behavioral Health. An inclusive process was used to obtain input from the prevention field, RBHAs, and ADHS/BHS management and program staff. The Framework was developed to assist in the planning and development of prevention programs and to advance prevention in Arizona.

Program Development

The Bureau worked with Gila River to establish a Prevention Council on the reservation. The Council continues to meet monthly to address prevention issues relevant to the community, and has brought together various tribal departments, agencies and community members. Direction and technical assistance was provided to PGBHA and providers on program evaluation.

The Bureau dramatically improved both the APRC Inventory tool and data collection process to reduce duplication of efforts for the State, RBHA and providers and to insure increased validity of information collected and timeliness of completion and submission.

A strategic campaign was developed and implemented to promote knowledge and awareness of prevention within DBHS`and the RBHAs with the goal of increasing integration. "The Prevention Works!" campaign addresses questions as to how prevention works and profiles successful programs around the country.

The Bureau initiated the discussion on prevention in managed behavioral health care. Concepts related to demand management and behavioral health management, and the application of prevention with eligibles in a managed behavioral health care environment were introduced. A number of program improvements resulted at the RBHAs, including an increased focus on research-based strategies, evaluation, managed care, and training. These program improvements resulted in new requests for proposals for prevention and the development of prevention plans.

Coordination with other Agencies

The Bureau of Prevention represented DBHS at numerous community meetings, and on coalitions and organizations, including Arizonans' For Prevention, local Children's Councils, and the Children's Behavioral Health Council Treatment & Prevention Committee, among others across the state.

The Bureau also initiated communication and a relationship with the Center for Prevention and Health Promotion. Bureau staff participated in several meetings intended to exchange information regarding prevention programs occurring within the Department. In particular, projects between the Office of Injury Prevention, Border Health and Behavioral Health were initiated and completed successfully.

During this past year, the Bureau also reinitiated Inter-Agency Prevention Round Tables with other state agencies for improved prevention coordination. It provided direction and facilitation toward compliance with the SYNAR amendment connected to the Substance Abuse Block Grant and worked collaboratively with other bureaus in response to SYNAR requirements.

National Prevention Network

As the National Prevention Network Representative, the Bureau Chief participated in numerous national and regional meetings, and provided a key link between federal prevention programs, such as The Center for Substance Abuse Prevention and the State, regional and local programs. The Bureau Chief also served as the Chair for the Research Committee and, as such, chaired the planning of the Ninth Annual Prevention Research Conference. This involved coordinating with multiple states and federal agencies as well as a local planning group. The Bureau Chief also served as the Western Region Representative to the Network.

Family Violence Prevention

The Bureau participated in an interagency team (START) to develop statewide initiatives to improve services to victims of domestic violence.

Monitoring

Reviews of, and site visits to RBHA prevention programs also occurred this last year. For Fiscal year 95-96, the Bureau participated on all RBHA monitoring teams and developed prevention site review tools.

Office of the Medical Director

The Office of the Medical Director works closely with RBHA Medical Directors to establish guidelines for treatment services and quality of care throughout the State. Several important issues were addressed in the past year.

Three new antipsychotic medications, resperidone, olanzapine, and sertindole, have been added to the ADHS/BHS formulary. All of these new medications have fewer movement disorder side effects than the older drugs like Thorazine and Haldol, and they do not seem to have the very serious medical side effects of clozapine.

The Office of the Medical Director chairs a multi-disciplinary committee of clinicians from other State agencies, RBHAs, and providers to develop service planning guidelines for children. So far, guidelines have been completed for attention deficit/hyperactivity disorder, depressive disorders, conduct disorder and oppositional defiant disorder.

The Arizona Level of Functioning Assessment/Service Level Checklist (ALFA) is undergoing revision to apply to all populations that are served by ADHS/BHS. To date, the ALFA has been used to predict need for case management services in the adult population and to screen for possible serious mental illness. Preliminary analysis of this assessment information, including functional measures and diagnoses, from the ADHS/BHS data system has shown a correlation between diagnostic category, functional level, and service utilization. The development of the analysis and reporting profile will be continued so that comparative assessment and service utilization profiles can be shared with RBHAs, providers, and other stakeholders.

Office of Grievance and Appeals

The ADHS/DBHS grievance and appeal system is available to resolve disputes initiated by behavioral health members, subcontractors, providers or non-contracting providers. ADHS/DBHS continues to maintain accountability for the administrative oversight of RBHA and ASH grievance and appeal systems, in addition to continuing the responsibility for reviewing complaints appealed to the Division level and the performance of grievance investigations involving physical and/or sexual abuse, mortalities and other conditions requiring investigation that involve adult members who are seriously mentally ill.

All grievance and appeal processes are implemented in accordance with Arizona Administrative Code, AHCCCS Mental Health Policy Manual, Arizona Revised Statutes, federal regulations of the Health Care Financing Administration and other grievance/appeal standards.

The DBHS Office of Grievance and Appeals includes two full-time employees. The Manager of the Office is primarily responsible for reviewing complaints which rise to Division level on appeal; providing recommendations to the DBHS Assistant Director relative to cases appealed; the provision of technical assistance to the RBHAs, ASH, members, other state agencies, and ADHS staff; review of internal investigation reports; the provision of technical assistance to DBHS investigators; the coordination of grievance and appeal activities with other ADHS Divisions, including various offices within Assurance and Health Care Licensure, Office of Special Investigations and Office of Administrative Counsel; the development of policies and procedures, RBHA site visits; and: the reporting of grievance and appeal data which reflects the operation of the system.

The Coordinator of the Office of Grievance and Appeals maintains responsibility for the processing of cases, preparation of reports, public information requests, coordination of assignments for investigation, maintenance of the public log, and other required data; coordination of informal conferences at the DBHS level and fair hearings, and; the preparation of documents and correspondence.

During the past fiscal year, in accordance with court requirements, the DBHS Office of Grievance and Appeals revised the Children's Appeal Policy and Procedure to include procedures related to the continuation of services during appeal. Required forms were developed and disseminated with the policy. Technical assistance was provided to the RBHAs to ensure correct implementation of the policy.

In addition, during the past year, the DBHS Office of Grievance and Appeals has been involved in the design of automated reports to be provided to Division administration, RBHAs and other stakeholders for the purpose of tracking and trending statewide grievance and appeal information and to ensure compliance with applicable procedures.

Reviews of all RBHA grievance and appeal systems were performed as part of the Division's annual Operational and Financial Review. Areas reviewed during the audit included: organizational structure and staffing; informal resolution processes; compliance with policies and procedures; grievance/appeal file reviews; oversight of provider network grievance/appeal processes; and, training of internal and provider agency staff. Overall, the RBHAs demonstrated improvement in the organization and operation of their grievance and appeal systems.

During FY 1996, a total of 811 grievances, appeals and requests for investigation were initiated statewide. This represents a reduction of sixty-five formal complaints from the prior year (FY95), primarily due to a decrease in the number of service appeals filed. Eight-four percent of the complaints formally filed were resolved by the RBHA or DBHS. Approximately 6% of cases were appealed to fair hearing.

The following is a breakout of this activity:

	STATEWIDE	RESOLVED RBHA	SENT TO DBHS
Grievances	160	132	28
Appeals	576	419	157
Investigations	75	16	59

Of those grievances, appeals and requests for investigation sent forward to DBHS, following is a breakdown of activity:

Total sent to DBHS	244
Resolved at DBHS	112
Went to Fair Hearing	51
Pending	99

INVOLVEMENT OF KEY STAKEHOLDERS

ADHS/BHS has a valuable resource in the various advisory bodies which have been established, either through state or federal mandate, to provide guidance in the planning, implementation and provision of behavioral health services. BHS provides staff support to each of the councils and their various committees.

The Arizona Behavioral Health Planning Council, established through Public Law 99-660 and its subsequent amendments, is charged with the responsibility for reviewing, monitoring and evaluating the adequacy of behavioral health services in Arizona, and serving as an advocate for adults who suffer from serious mental illness and children who are seriously emotionally disturbed, as well as individuals needing other behavioral health services. The Council consists of 30 members, representing urban and rural areas and reservations, including representation from the provider community, consumers and family members, and representatives of other state agencies.

The Children's Behavioral Health Council was established pursuant to Arizona Revised Statutes, 36-3421-22, to oversee the development of a single, comprehensive, coordinated continuum of services for children. There are 21 members of the Children's Council who are appointed by the Governor, the President of the Senate and the Speaker of the House of Representatives. Representatives from each of the state agencies serving children is represented on the Council, which meets monthly.

In 1992, the Arizona Legislature created the Council on Offenders with Mental Impairments. This Council is charged with determining the status of offenders with mental illness, mental retardation and developmental disabilities within the State's criminal justice system to identify the services needed by those offenders.

The BHS Assistant Director meets regularly with each of the Councils. Additionally, she holds quarterly meetings with the Council Chairs to discuss issues of mutual interest and to review the planning and budgeting processes.

In addition to the involvement with these Councils, BHS also actively seeks input from, and supports, the activities of consumer and family groups. The Office for the Seriously Mentally Ill established a Consumer Advisory Board, with membership representing every county in the state, as well as the on-reservation American Indian population. The Consumer Advisory Board ensures that the voice of consumers is heard by BHS as it develops policy, plans for services, and advocates for funding from the Legislature. BHS also works closely with the Arizona Alliance for the Mentally Ill, the Alliance for the Mentally Ill of Southern Arizona, and MIKID - Mentally Ill Kids in Distress, the support group for parents of children with mental illness. BHS provides funding support for conferences to send consumers and family members to national conferences and workshops, and to produce/acquire educational materials. BHS also works with the Mental Health Association, the Northern Arizona Area Health Education Center, and other groups to co-sponsor annual conferences and institutes which are attended by both behavioral health professionals and administrators and by families and consumers.

BHS also coordinates with, and seeks input from, the RBHAs and providers. The Assistant Director meets monthly with the RBHA Directors to discuss policy and budget issues and resolve administrative matters. Both the Assistant Director, the Deputy Assistant Director and members of the Management Team meet regularly with the Association of Behavioral Health Providers and the Arizona Council of Centers for Children and Adults to ensure effective communication in matters of policy, funding, or administrative issues.

WHAT'S ON THE HORIZON FOR BEHAVIORAL HEALTH SERVICES?

As demonstrated in this report, BHS has accomplished a great deal during FY 1996 as it continues to emerge as a national leader in the delivery of state supported behavioral health services in a managed care environment. The purpose of this managed care approach is to deliver the most appropriate services to people in need in the most cost effective manner possible.

To continue our position of leadership, BHS will complete its strategic planning process in FY 1997 which will set the direction for the delivery of behavioral health services into the next century. This strategic plan will serve as a guide which will allow BHS management to respond proactively to policy issues which impact behavioral health service delivery. One of those policy issues will be the impact of changes in the welfare laws. The elimination of the primary diagnosis of substance abuse as a disability category, as well as restriction of some other disability categories, will affect the numbers of clients who were formerly served with federal funds. BHS will be challenged to determine the most effective way to serve those citizens in need of behavioral health services when faced with the possibility of reduced resources.

The newly funded Tobacco Tax programs will be in full operation, and BHS looks forward to evaluating the impact of these programs during the coming fiscal year. Early preliminary results indicate that these are dollars well spent.

BHS will continue to implement the requirements of the Exit Criteria to bring closure to the Arnold v. Sarn lawsuit. The reduction of the census of the Arizona State Hospital will be a primary area of focus, as well as the completion of the Quality Management Plan.

BHS Management looks forward to a productive year, and to reporting progress made in the next annual report.

ARIZONA STATE HOSPITAL

ANNUAL REPORT

FISCAL YEAR 1995 - 1996

f:\..\bhsan96.wpd 1/6/97

ARIZONA STATE HOSPITAL
ANNUAL REPORT
FISCAL YEAR 1995 - 1996

OVERVIEW BY CHIEF EXECUTIVE OFFICER/SUPERINTENDENT

The Arizona State Hospital, a component of the statewide continuum of behavioral health services provided by Behavioral Health Services, Arizona Department of Health Services, is a publicly funded facility, dedicated to the restoration and preservation of the emotional health of the residents of the state of Arizona who require state-supported inpatient hospitalization. As one component of the statewide continuum of behavioral health services, hospital personnel strive to provide state-of-the-art inpatient psychiatric care and forensic care. The hospital is committed to the concept that all patients and personnel are to be treated with dignity and respect to maximize personal and professional growth.

Senior hospital management and clinical team members have continually review the goals and objectives of the hospital and the hospital's role in the statewide continuum of behavioral health services. Based on this review, it has been determined that the hospital's "Vision Statement," which provides long-range guidance for hospital personnel, and the "Mission Statement," which provides shorter-range, day-to-day operational guidance for the hospital and service providers, remain appropriate for future fiscal years.

ASH Vision Statement

By the year 2000, patients, their families, staff, community, and accrediting bodies will recognize the Arizona State Hospital as a center of excellence. We will be a premier psychiatric facility that specializes in providing forensic, adult and youth services in a healing environment. We will gain recognition through our quality staff, innovative treatment, research activities, publications, and academic affiliations.

ASH Mission Statement
To restore and enhance the quality of life and health of persons requiring inpatient psychiatric services while protecting patient, staff, and public safety.

With both the "Vision Statement" and the "Mission Statement" as the guiding principles, the Arizona State Hospital provides psychiatric hospitalization and treatment for persons presently living in the state of Arizona who meet the hospital's admission criteria. While providing evaluation and active treatment, the hospital is continually cognizant of the rights and privileges of each patient, particularly the patient's right to confidentiality and privacy.

The leadership of the hospital will continually focus on the "Vision Statement" and the "Mission Statement" to provide guidance and direction for the hospital in providing services for the residents of the state of Arizona.

ORGANIZATIONAL STRUCTURE

The Arizona State Hospital Governing Body

The Arizona State Hospital Governing Body is composed of the Medical Director of Behavioral Health Services who serves as Chairperson, an Arizona State Hospital physician, and a community representative. Although the Governing Body does not have direct supervisory responsibilities for the Chief Executive Officer/ Superintendent of the Arizona State Hospital, the Governing Body does provide overall direction for hospital leadership.

The Arizona State Hospital Advisory Board

The Arizona State Hospital Advisory Board, established by Arizona Revised Statutes §36-217, is composed of thirteen members appointed by the Governor of the State of Arizona. The Board is committed to advising the Assistant Director of Behavioral Health Services and the Chief Executive Officer/Superintendent of the Arizona State Hospital in the development, implementation, achievement and evaluation of goals, as well as communicating special hospital or patient needs directly to the Office of the Governor. The Advisory Board does not have direct supervisory responsibilities for the Chief Executive Officer/Superintendent of the Arizona State Hospital.

The Arizona State Hospital

The hospital receives overall direction and supervision from the Chief Executive Officer/Superintendent. The Chief Operating Officer, the Medical Director, and the Director of Quality Resource Management report directly to the Chief Executive Officer/ Superintendent, and each has both clinical and administrative responsibilities. For strategic planning purposes, the hospital is divided into two major sub-programs addressing Clinical Services and Administrative Functions. The organization of the treatment programs, with descriptions, is included to describe the delivery of patient care services.

CLINICAL SERVICES

Clinical Services, under the leadership of the Medical Director, include the following:

- Medical Staff Services:

  Department of Psychiatry
  Medical Staff Consultants
  Legal Services
  Department of Medicine
  Medical Staff Committees

- Nursing Services:

  Psychiatric Nursing Services

- Specialty Clinics:

  Specialty Clinics
  Infection Control
  Speech/Language and Hearing
  Dental Services
  Employee Health
  Physical Therapy
  Radiology Services
  Neurology Services

- Psychology Services
- Social Work Services
- Education and Rehabilitation Services:

  Staff Education and Training
  Recreational Therapy
  Psychiatric Rehabilitation
  Occupational Therapy
  Library Services

Clinical Services, under the leadership of the Chief Operating Officer, include the following:

- Pharmacy Services*
- Adolescent Education*
- Medical Laboratory Services*
- Security Services
- Religious Services

  Volunteer Services
- Barber and Beautician Services

* Clinical supervision is provided by the Medical Director as needed.

Clinical Services, under the leadership of the Director of Quality Resource Management, include the following:

- Utilization Management Program
- Health Records Services

Medical Staff Services

The Department of Psychiatry provides psychiatric patient care and treatment through licensed psychiatric physicians who are assigned to specific treatment units. The Department of Medicine provides medical patient care and treatment through licensed medical physicians who are assigned patients by treatment programs. Consultant physicians provide specialized psychiatric and medical care. The hospital has entered into a contractual agreement with the Maricopa Medical Center to provide any specialized medical services required by the patients.

Medical Staff Committees complete specific functions related to the operation, monitoring, and peer review activities of the Medical Staff, individual physicians, and the Medical Staff services provided the patients. Dental Services provides limited dental services to the patients, including preventive, maintenance, and emergency services.

Legal Services provides centralized services for the hospital related to patient commitments, expiration of court orders, preparation of required court reports, and coordination with the Office of the Attorney General to ensure patient's legal rights are in compliance and that statutory requirements are met.

Radiology Services consists of centralized radiology services which provide unspecialized x-ray services for patients and staff as needed. A contracted licensed Radiologist reads the x-rays and develops the reports.

Nursing Services

Psychiatric Nursing Services provides milieu therapy, comprehensive professional nursing services and general patient supervision in the various treatment programs on a 24-hour-per-day basis. These services are provided through licensed registered nurses, licensed practical nurses, and paraprofessional nursing personnel.

The Specialty Clinic consists of centralized specialty clinics (e.g. podiatry clinic, neurology clinic) and the scheduling of medical treatment services required by patients through the Maricopa Medical Center. Employee Health provide services to maintain and ensure the health of hospital personnel, many of which are directed at disease prevention while Infection Control provides services directed at controlling and monitoring infectious diseases and potential health hazards to both patients and staff. Physical Therapy and Speech/Language/Hearingprovide therapy services for individual patients who are referred by a physician.

Psychology Services

Psychology Services provides patient psychological evaluations, assessments and diagnoses, and specialized consultations on a referral basis. Psychologists coordinate closely with and provide consultation to other disciplines in the development of the patients' individualized treatment and discharge plans.

Social Work Services

Social Work Services provides a variety of social work support for the patients. Personnel are primarily responsible for coordinating patient discharge planning which begins at the time of the patient's admission.

Education and Rehabilitation Services

Staff Training and Education provides new employee orientation, mandated staff training and education, and specialized training as requested.

Rehabilitation Services, which includes Occupational Therapy and Recreational Therapy, provides individual patient therapy and group therapy through a scheduled program and/or on a referral basis. Special patient events and holiday activities are provided on a hospital-wide basis.

Patient Library Services provides a multi-media resource center for the patients and their families.

Psychiatric Rehabilitation provides overall hospital-wide coordination and direction of the psychiatric rehabilitation modules which include symptom management, medication management, basic conversation skills, and recreational activities.

Pharmacy Services

Pharmacy Services, which is a contracted service, distributes medication, provides usage monitoring, and contributes to medication education for staff. This service receives clinical consultation from the Medical Director and/or Medical Staff committees, as needed.

Adolescent Education

Adolescent Education Services, a contracted service provided through the Maricopa Regional School District, provides special education services for the all of the adolescents at the hospital.

Medical Laboratory Services

Medical Laboratory Services completes most medical laboratory procedures. Requested procedures for which the hospital is not equipped are sent to a licensed, contracted private laboratory.

Security Services

Security Services provides access control to the hospital's grounds, patient transportation to off-site patient services, and general and/or emergency security for the hospital grounds, ensuring a safe and therapeutic environment. Due to the increasing numbers of forensic patients admitted to the hospital, Security Services has been expanded to include special security measures for selected patient treatment units.

Religious Services

Religious Services, through multi-denominational clergy, provides religious services at the Chapel and on specific patient treatment units and provides individual spiritual counseling and consultation on a referral basis. Volunteer Services provides a coordinated effort to enlist volunteers to participate in providing needed services for the patients.

Barber and Beautician Services

Barber and Beautician Services provides a full range of hair care for the patients in both a centralized treatment area and on individual patient treatment units as needed.

Utilization Management Services

The Utilization Management Program coordinates efforts to review resource utilization to identify areas of over-utilization or under-utilization to ensure cost effective and efficient patient care. This service also reviews all patient admissions to and patient discharges from the hospital.

Health Records Services

Health Records Services is responsible for the maintenance of the patient health records, both current and historical, and monitors compliance to ensure established standards are met. Health Records Services also provides the secretarial pool to transcribe various clinical patient reports.

Special Notation

The Arizona State Hospital provides Level IV Emergency Services. Although the hospital provides psychiatric emergency services for current patients, the hospital has contracted with Maricopa Medical Center to provide both medical services and emergency medical services for patients. In the case of a medical emergency, hospital personnel provide life sustaining services until the arrival of the paramedics who transport the patient to the Maricopa Medical Center for emergency medical services.

ADMINISTRATIVE FUNCTIONS

Office of the Chief Executive Officer/Superintendent

The Office of the Chief Executive Officer/Superintendent provides the overall leadership and direction for the hospital; provides direct interface with the Assistant Director for Behavioral Health Services and the Office of the Director, Arizona Department of Health Services; and plans coordination of services with the community providers of mental health services.

Office of the Chief Operating Officer

The Office of the Chief Operating Officer provides the overall leadership for the hospital's day-to-day administrative operations; coordinates comprehensive fiscal management for the hospital; and provides contract management oversight.

Contract Services develops contracts for various services within the hospital.

Business Support Services[1] monitors the allocated budget and coordinates all contracts, procurement and grant functions; provides patients with limited financial services; and coordinates hospital reimbursement functions.

Hospitality Services

Hospitality Services consists of contracted Food Services, Engineering Services, Housekeeping Services and Groundskeeping Services. Food Services' registered dietitians complete patient dietary assessments, monitor the nutritional status of patients, and participate in treatment and discharge planning as requested. Food handling personnel to prepare and serve patients and personnel meals and to complete the required day-to-day services.

Engineering Services

Engineering Services provides specific trades and general maintenance personnel to provide preventive maintenance and general maintenance for all hospital buildings, including the heating, ventilation, and air-conditioning systems. Housekeeping Services provides day-to-day housekeeping services in both patient and non-patient areas and Groundskeeping Services provides maintenance of the hospital grounds.

Laundry Services

Laundry Services, a contracted service, provides general laundry services for hospital linens. This contracted service does not include patient clothing which is completed by the individual patient with assistance from hospital personnel.

---

[1]**These services are provided by ADHS Administration and Business Support Services staff.**

Medical Library Services

Medical Library Services provides a multi-media resource center for hospital personnel, patients and their families, and other individuals who are interested in furthering their knowledge of mental illness issues.

Telecommunications Services

Telecommunications Services consists of telecommunication personnel to operate the hospital's extensive communication systems.

Performance Improvement Program

The Performance Improvement Program coordinates overall hospital-wide efforts to provide excellent service to patients through the monitoring and evaluation of performance measures. This program also provides hospital-wide coordination for the Joint Commission on Accreditation of Healthcare Organization's survey processes.

The Risk Management Program coordinates efforts to systematically improve the quality of care and service through identifying, avoiding, and reducing clinical areas of potential risk and implements actions to control risks through assessment and education.

Hospital Information Services

Information Services initiates the patients' health records at the time of admission; enters required patient information in to the computerized patient data system; computerizes, maintains, and reports various hospital data; develops hospital policies and procedures; completes special projects; and provides general hospital information as requested by various sources.

Safety Management Office

The Safety Management Office coordinates compliance with required standards related to the environment of care; implements the Information, Collection, and Evaluation System for safety related issues; and coordinates efforts to provide a safe hospital environment for patients, visitors, and staff.

Contract Monitoring

Contract monitoring provides coordinated monitoring activities of various contracted services utilized at the hospital.

TREATMENT PROGRAMS

The results of the patient's clinical evaluations, the patient's acuity level, and the patient's legal status at the time of admission provide the multi-disciplinary clinical team guidance in determining the patient's least restrictive placement within the hospital. The direct patient clinical services of psychiatry, medicine, nursing, psychology, social work, and education and rehabilitation are provided through patient treatment programs and units which are designed to meet the needs of the patients.

Throughout the fiscal year, the patient programs and treatment units were continually reviewed and modified to more adequately meet the needs of the current patient census. This continual review is also required to attain the hospital's long-range goal of "right-sizing" the patient census. The patient programs and units at the end of the fiscal year were as follows.

General Adult Program

Treatment Units: Juniper 1, Juniper 2, Juniper 3, Juniper 4, and Juniper 5

Each Juniper treatment unit is a general adult patient unit. The patient treatment units were re-organized with the final patient population relocation accomplished in June and July, 1996. The Juniper 1 and 2 treatment units provide services for male patients only. Juniper 3, 4 and 5 treatment units provide services for both male and female patients. Selected patients were identified for discharge during the fiscal year as part of a special patient discharge project. This special patient discharge project was an integrated partnership between the hospital and ComCare, the Regional Behavioral Health Authority for Maricopa County, whose function is to relocate long-term hospitalized patients into community care and services.

The patients treated in the General Adult Program are considered non-forensic patients who generally do not pose a serious behavioral management problem. The major treatment modalities include psychotropic medication and group or individual psychotherapy focusing on acceptance of treatment and specific discharge plans. Patients participate in the Psychiatric Rehabilitation Program and are prepared for transition to the community based services.

Each of these treatment units is designed to provide a safe and secure environment for the patients; therefore, access to off-unit activities is based on the individual patient's functioning level. Each treatment unit is considered an “open unit” for at least part of the day.

Treatment Unit: Granada

The Granada Treatment Unit serves as the primary treatment unit for patients with who required specialized medical and nursing care. Length-of-stay on this unit is determined by the patient’s medical status. The treatment unit also provides psychiatric care for the seriously mentally ill older adult with special needs.

Primary treatment modalities include supportive care, psychotropic medication, self-care skills, community orientation, current events and unit community meetings. Specialized groups in music and art therapy, gardening, cooking and nutrition, and reality orientation are also provided. Patient families are involved in placement planning and receive assistance with bereavement, loss acceptance and coping skills.

The treatment unit provides a safe, secure environment for the patients with limited off-unit access due to the severely disabling mental disorders of most of the patients. Off-unit access to various patients activities is arranged on an individual basis.

Behavior Management/Forensic Program

Treatment Units: Wick 1, Wick 2, Wick 3, Wick 4, and Wick 5

Wick 1 and 2 serve as the primary treatment units for evaluation and treatment for patients who are court-ordered for pre-trial evaluation, restoration to competency, have been adjudicated Not Guilty by Reason of Insanity or Guilty Except Insane, or require other specialized forensic services. The length of hospitalization varies widely depending on the patient's legal status.

Treatment modalities include pharmacotherapy, psychological services and extensive assessment, psychotherapy focusing on participation with treatment, interpersonal skills training, individual services for patients requiring restoration to competency, rehabilitation, leisure and recreational activities, structured milieu activities, physical care/hygiene, reality orientation, and behavior modification.

Each treatment unit provides a highly secure living environment with both indoor and outdoor components.

Wick 3, 4, and 5 serve as the primary treatment units for evaluation and treatment of patients with a potential for violent or dangerous behaviors, patients with a high escape risk, and patients with legal requirements for placement. The length of stay varies depending on the patient's ability to appropriately control behaviors, the criminal charges pending, and/or the need for court-ordered treatment.

Treatment modalities include pharmacotherapy, psychological services and extensive assessment, psychotherapy focusing on participation with treatment, interpersonal skills training, specific discharge plans and goal development, rehabilitation, leisure and recreational activities, structured milieu activities, physical care/hygiene, reality orientation, and behavior modification. Each treatment unit provides a secure environment for the patients and limited off-unit privileges are granted on an individual basis.

Youth Services Program

Treatment Unit: Adolescent Treatment Unit

The Youth Services Program serves as the admission, assessment and treatment program for adolescents (12 through 17 years of age) requiring care as a result of a substantial mental disorder. The projected length-of-stay is three to six months or is dependent on the legal status of the patient. This unit also serves adolescent patients who are court committed for evaluation or restoration to competency.

Major treatment modalities include individual, group and family therapy, academic programs, occupational, recreational, and speech/language/hearing therapy, and psychotropic medication, as appropriate. Aftercare planning for the patient and family is an essential component of treatment. Active dialogue between staff and community service providers occurs to assist families and outpatient service providers in placements and treatment referrals.

The Adolescent Treatment Unit provides a safe, secure environment for the patients. Patients are given privileges based on their behavioral functioning level and their ability to accept personal responsibility.

Delivery of Patient Care and Treatment

On all of the treatment units a patient's care and treatment is directed by a multi-disciplinary clinical team which includes the patient, hospital personnel, the patient's family and/or representative, and appropriate community behavioral health system service providers. This clinical team is responsible for completing the evaluations and developing a comprehensive, individualized treatment and discharge plan that addresses biological, psychological, spiritual and socio-economical issues to meet the patient's personal needs. The patient's psychiatrist, who provides leadership for the clinical team, is responsible for coordinating the patient's care, as well as ensuring a coordinated, well-defined patient treatment and discharge plan.

Throughout a patient's treatment, the hospital advocates placing the patient in the least restrictive, therapeutic treatment environment. Patient placement within the hospital is made after assessment, consideration of all treatment factors, and discussion with the appropriate community behavioral health system service providers to assure the chosen placement provides maximum therapeutic benefit. The hospital is also cognizant of its responsibility to provide patients required sanctuary and to safeguard the community.

In order to provide quality care for the patients, hospital personnel actively participate in the state-wide continuum of behavioral health care, coordinate the development of the patients' treatment and discharge plans with the patients and the appropriate community behavioral health system service providers, and encourage patient placement in alternative community programs in accordance with the individual service plan developed with the community service providers as soon as the patient is adequately prepared for placement.

The hospital has implemented a Psychiatric Rehabilitation Program model which stresses patient self-reliance, problem-solving behaviors and the patient assuming more personal responsibility. The program provides psychiatric patients with skills and environmental supports necessary to cope with the demands of daily living and focuses on the assumption that patients can profit from services stressing their strengths, involvement in goal-setting, and the use of active teaching techniques that generalize to community life settings. Interventions are used which focus on attainable goals, reward patient strengths and ignore or remediate deficit behaviors.

Treatment modules are utilized to teach skills and use of praise and positive reinforcement is emphasized. Patient groups are conducted in various content areas such as:

- Symptom management module - designed to help patients disabled by a chronic mental illness like schizophrenia become more self reliant in managing their psychiatric symptoms. Major components include identifying warning signs of relapse; managing warning signs; coping with persistent symptoms; and avoiding alcohol and street drugs.

- Medication management module - designed to help patients disabled by a chronic mental illness become progressively more self-reliant in their use of antipsychotic medication. Major components include obtaining information about antipsychotic medication; knowing correct self-administration and evaluation of medication; identifying side effects of medications; and negotiating medication issues with health care providers.

- Basic conversation skills module - designed to provide the patient with the tools to teach participants the basic skills needed to start friendly conversations, keep them going, and end them pleasantly. Major components include verbal and non-verbal communication behaviors; starting a friendly conversation; keeping a friendly conversation going; ending a conversation pleasantly; and putting it all together.

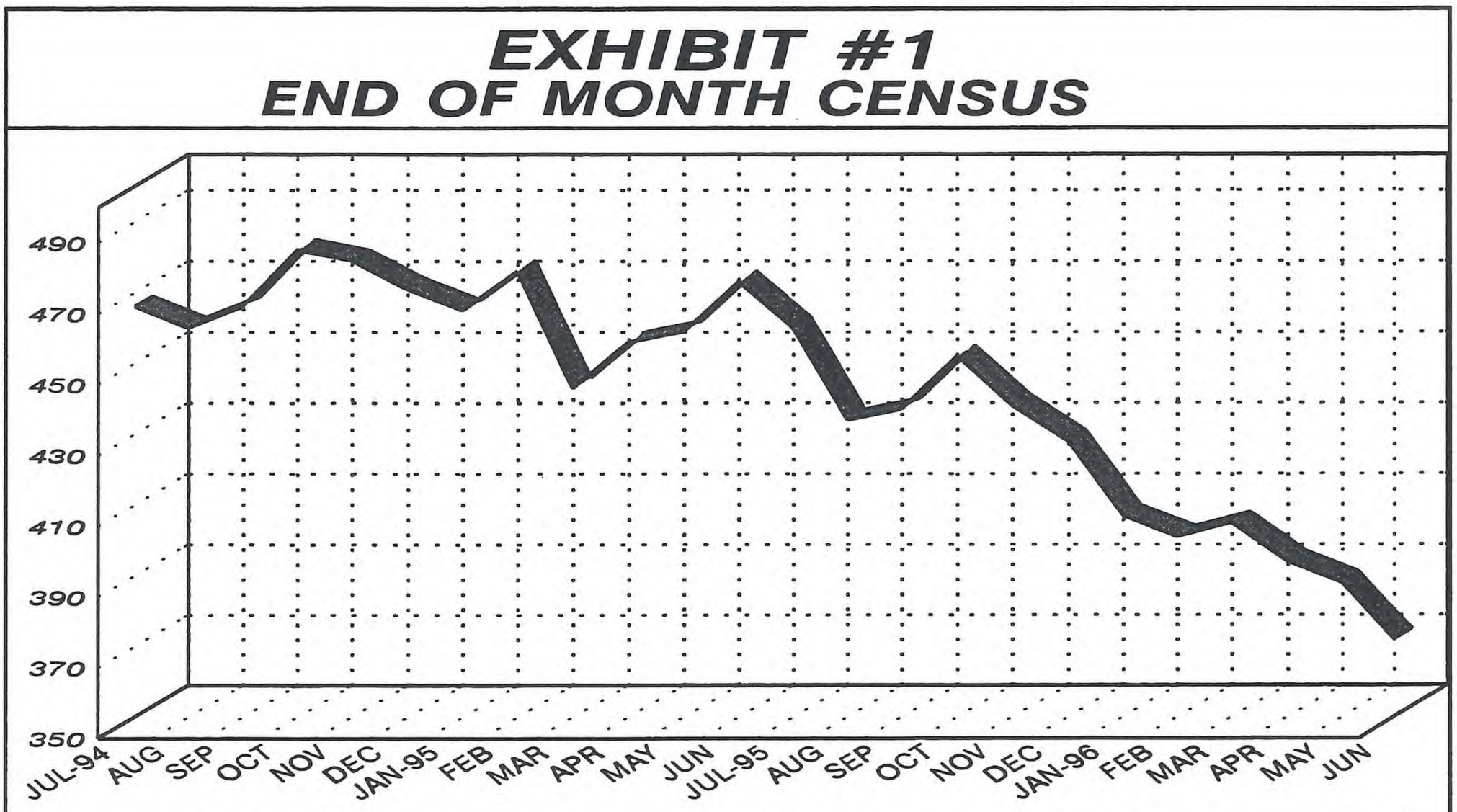
- Recreation for leisure module - designed to help a wide range of people in all age groups become more self-reliant and resourceful in the use of their leisure time. Major components include identifying benefits of recreational activities; getting information about recreational activities; finding out what is needed for a recreational activity; and evaluating and maintaining a recreational activity.

The Psychiatric Rehabilitation Program model is consistent with treatment in the least restrictive setting possible. Plans for the future include increased interaction between the hospital and the community mental health network to implement this model in a variety of settings.

PATIENT DEMOGRAPHICS and STATISTICAL SUMMATION

The Arizona State Hospital began this fiscal year on July 1, 1995, with a patient census of 473. Throughout the fiscal year, the hospital admitted 477 patients, discharged 578 patients, and ended the fiscal year June 30, 1996, with a census of 372, a net decrease of 101 patients. The average daily census for the fiscal year was 422, a decrease of 45 compared to the previous fiscal year. The hospital served 887 individual patients (unduplicated count). These patients accounted for a total of 154,562 patient days, a decrease of 15,933 days compared to the previous fiscal year.

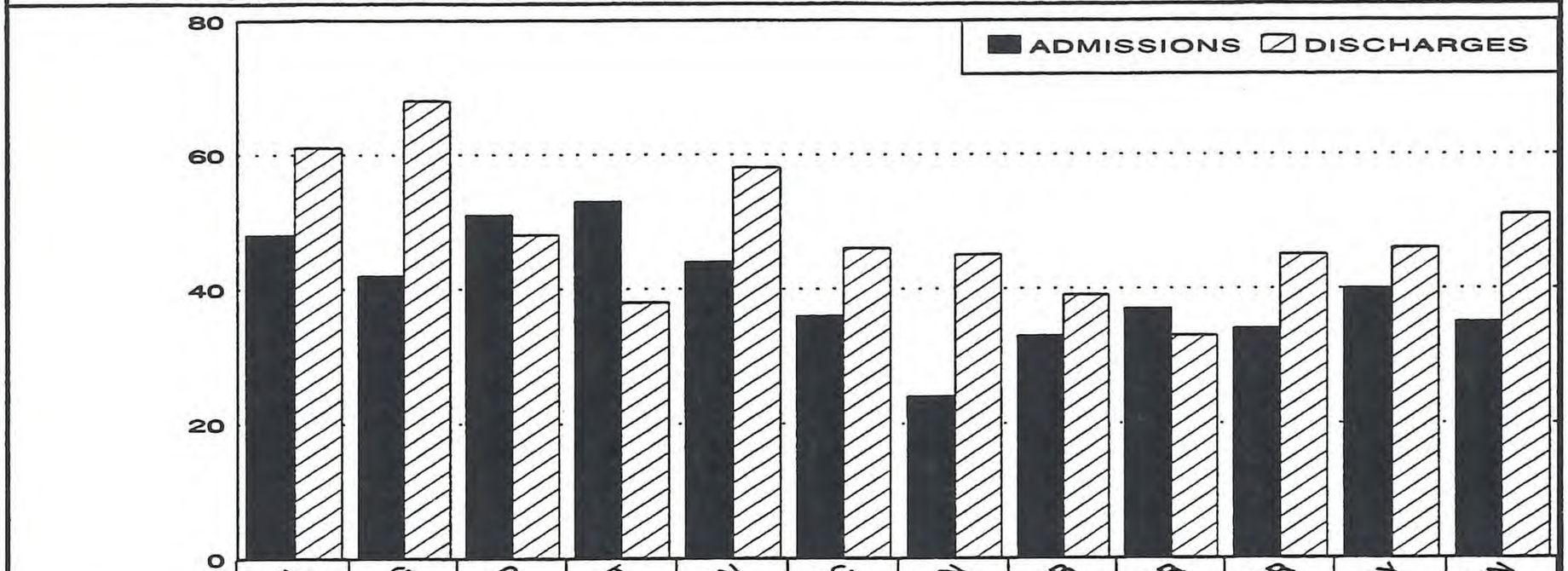
The patient end of month census covering July, 1994, through June, 1996, is depicted in Exhibit #1.



FY 1994-95		FY 1995-96	
JUL-94	466	JUL-95	460
AUG	460	AUG	434
SEP	466	SEP	437
OCT	482	OCT	452
NOV	479	NOV	438
DEC	471	DEC	428
JAN-95	465	JAN-96	407
FEB	476	FEB	401
MAR	443	MAR	405
APR	456	APR	394
MAY	459	MAY	388
JUN	473	JUN	372

A comparison of admissions and discharges by month for FY 96 is provided in Exhibit #2.

EXHIBIT #2
MONTHLY ADMISSIONS AND DISCHARGES

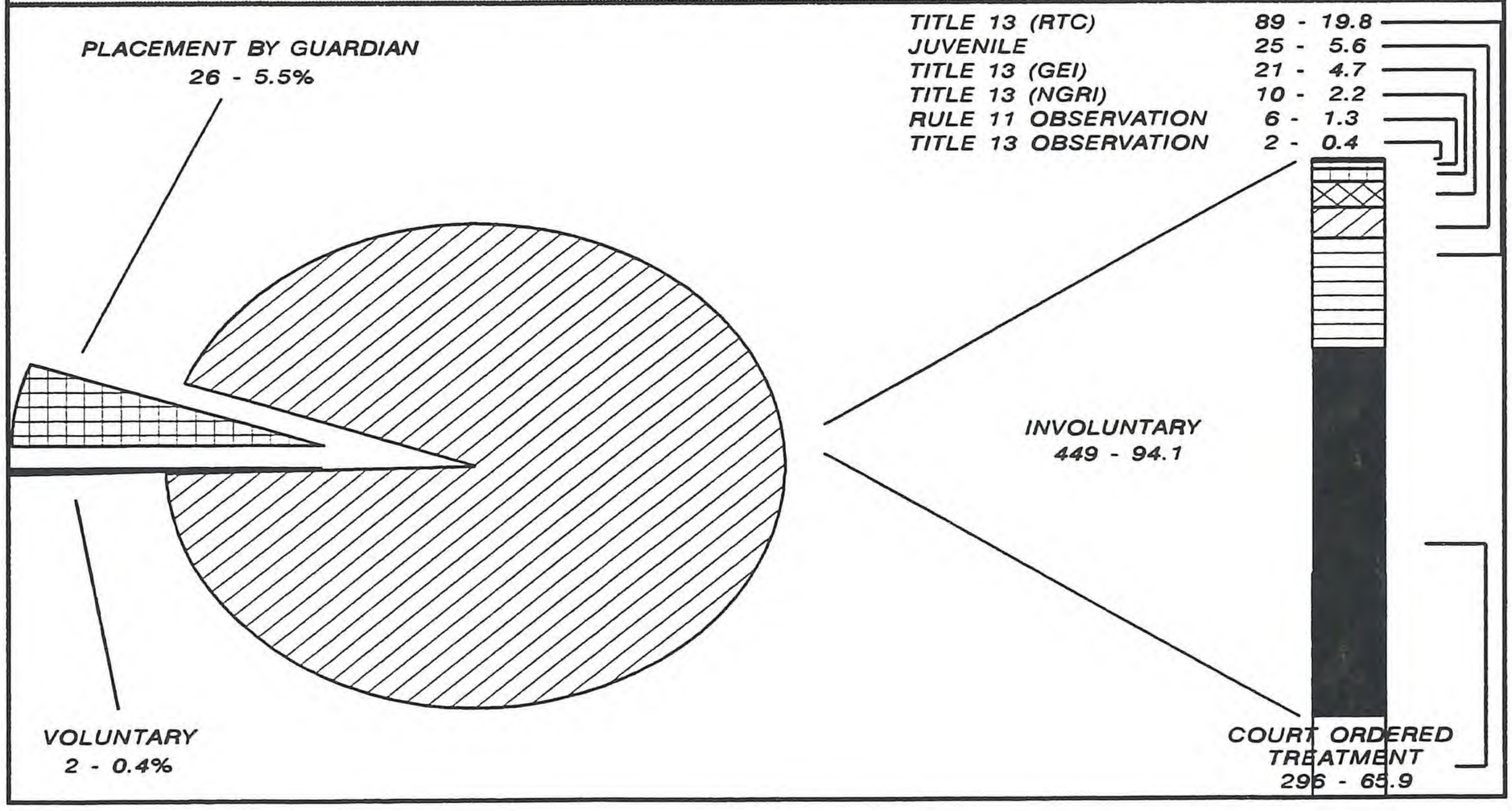


	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
ADMISSIONS	48	42	51	53	44	36	24	33	37	34	40	35
DISCHARGES	61	68	48	38	58	46	45	39	33	45	46	51

Admission Statistics

The hospital admitted 477 patients this fiscal year, a decrease of 288 compared to the previous fiscal year. The average monthly admission rate was 39.8, ranging from a high of 53 in October, 1995, to a low of 24 in January, 1996 [Exhibit #2]. Of the total admissions, involuntary admissions accounted for 449; admission by guardian accounted for 26; and voluntary admissions accounted for only 2. Of the 449 admitted involuntarily, 296 were admitted under Title 36, Court Ordered Treatment; 89 were admitted under Title 13, Restoration to Competency; 25 were admitted under Title 8, Juvenile Commitment; 21 were admitted under Title 13, Guilty Except Insane; 10 were admitted under Title 13, Not Guilty by Reason of Insanity; 6 were admitted under Rule 11, Observation; and 2 were admitted under Title 13, Observation. [Exhibit #3]

EXHIBIT #3
LEGAL STATUS AT ADMISSION



Maricopa County continued the historic trend of having the highest number of admissions by county with 263, but decreased admissions by 308 compared to the previous fiscal year. Other counties with noted changes in admissions are as follows: Pima County accounted for 103 of the admissions, an increase of 19 compared to the previous fiscal year; Pinal County accounted for 18, a decrease of 6 compared to the previous fiscal year; and Yavapai County accounted for 27, an increase of 5 compared to the previous fiscal year. It is important to note that not all patients admitted through a county are actually a resident of the admitting county but may be, in fact, a resident of another county, e.g. Maricopa County had 8 admissions each of individuals who were residents of other counties. [Exhibit #4]

EXHIBIT #4
ADMISSIONS BY COUNTY

County of Admission	Number	Percentage
Apache	3	0.6%
Cochise	11	2.3%
Coconino	9	1.9%
Gila	5	1.0%
Graham	8	1.7%
Greenlee	0	0.0%
LaPaz	0	0.0%
Maricopa	263	55.1%
Mohave	9	1.9%
Navajo	10	2.1%
Pima	103	21.6%
Pinal	18	3.8%
Santa Cruz	0	0.0%
Yavapai	27	5.7%
Yuma	11	2.3%
Total	477	100.0%

Number of admissions through a county in which the individual was not a resident:

Apache	1	Greenlee	0	Pima	5
Cochise	0	LaPaz	0	Pinal	3
Coconino	1	Maricopa	8	Santa Cruz	0
Gila	1	Mohave	0	Yavapai	1
Graham	0	Navajo	0	Yuma	3

The hospital's recidivism rate for FY 96 was 15.5%, a decrease of 5.2% compared to the previous fiscal year at 20.7%.[2] Recidivism is defined as the readmission of a patient who was discharged from the hospital within 180 days prior to readmission. This rate had remained fairly constant throughout previous fiscal years, ranging from 19% to 21%; therefore, a decrease of 5% in the recidivism rate is indicative of the joint efforts by the hospital and the Regional Behavioral Health Authorities to seek alternatives to readmission of patients requiring short-term intervention.

---

[2] **The recidivism rates presented are determined by dividing all of the fiscal year readmissions with lengths of stay out of the hospital less than 180 days by the total admissions for the fiscal year.**

Individuals admitted to the hospital for the first time accounted for 259 (54%) of all admissions, an increase of 6%. This increase is attributed to individuals admitted to the hospital for the first time with a forensic legal status (32 in FY 95 compared to 103 in FY 96).

Readmissions accounted for 160 (34%), readmission from combined inpatient/outpatient treatment accounted for 39 (8%), readmissions from conditional discharge accounted for 13 (3%) and Return from AWOL Status accounted for 6 (1%).

The number and percent of admissions by diagnostic grouping (patient diagnosis at the time of admission) indicates the category of schizophrenic disorders accounted for 220 (46%) of all admissions and affective disorders accounted for 126 (26%). These two diagnostic categories have continued to be the major diagnostic groupings for patient admissions.

Discharge Statistics

The hospital discharged 578 patients during this fiscal year. The average monthly discharge rate was 48.2, ranging from a high of 68 in August, 1995 to a low of 33 in March, 1996. [Exhibit #2]

Exhibit #5 provides detailed data for length of stay for patient discharge during FY 96.

EXHIBIT #5
LENGTH OF STAY FOR DISCHARGE

LENGTH OF STAY	NUMBER	PERCENTAGE
Less than 7 days	1	0.2%
7 - 13 days	0	0,0%
14 - 20 days	6	1.0%
21 - 30 days	10	1.7%
31 - 60 days	74	12.8%
61 - 90 days	106	18.3%
91 - 180 days	182	31.5%
181 - 365 days	108	18.7%
1 - 2 years	42	7.3%
2 - 3 years	21	3.6%
3 - 4 years	6	1.0%
4 - 5 years	5	0.9%
5 - 6 years	7	1.2%
6 - 7 years	2	0.3%
7 - 8 years	2	0.3%
8 - 9 years	2	0.3%
9 -10 years	0	0.0%
10+ years	4	0.7%
TOTAL	578	100.0%

Patients with lengths of stay under 180 days accounted for the majority of the discharges (379 or 66%). An additional 108 (18.7%) patient discharges occurred between 180 and 365 days of the patient's admission. This data continues to reflect the position of the hospital, Behavioral Health Services, and the Regional Behavioral Health Authorities which supports the concept that patients are to be admitted to the hospital for intensive treatments and shorter durations rather than extended treatments and lengthy hospitalization periods.

The total mean length of stay for FY 96 was 315 days [Exhibit #6], an increase of 145 days compared to the previous fiscal year. Although this is a notable increase, analysis of the data presented in Exhibit #2 and Exhibit #3 provides the following information related to patient discharges:

- The number of patients discharged with a length of stay greater than one year was 91, an increase of 20 compared to the previous fiscal year.
- The number of patients discharged with a length of stay greater than three years but less than six years was 18, an increase of 11 compared to the previous fiscal year.
- The number of patients discharged with a length of stay greater than five years increased to 17, compared to 3 in the previous fiscal year.
- The mean length of stay for discharged patients with a length of stay greater than ten years was 8,432 days, approximately twenty-three years.

EXHIBIT #6
MEAN DISCHARGE LENGTH OF STAY

Length of Stay	Total Discharged	Mean
Less than 1 year	487	129 days
More than 1 year but less than 3 years	63	629 days
More than 3 years but less than 6 years	18	1636 days
More than 6 years but less than 10 years	6	2744 days
More than 10 years	4	8432 days
Total Average Length of Stay	N/A	315 days

Note: The mean discharge length of stay is the average number of days of hospitalization per patient during that time period.

Patients discharged to the outpatient portion of a combined inpatient/outpatient commitment accounted for 208 (36.0%) of the total discharges; those discharged to voluntary status accounted for 124 (21.5%); those discharged back to the courts accounted for 68 (11.8%); those discharged under Title 36 (placement by guardian) accounted for 35 (6.1%); and those discharged from a juvenile commitment accounted for 31 (5.4%).

MAJOR ACCOMPLISHMENTS / GOALS AND OBJECTIVES

The hospital, in its continuing efforts to work in partnership with community-based mental health providers, continued striving towards pre-established, ongoing milestones. The hospital demonstrated success in attaining these milestones by:

- Providing contemporary psychiatric hospitalization and treatment for any person presently living in the state of Arizona who meets the hospital's admission criteria;

- Complying with the requirements of "The Blueprint: Implementing Services to the Seriously Mentally Ill" and participating in the development of the "Exit Criteria;" and

- Maintaining certification and participation with various external surveying agencies [i.e. the Medicare Program through the Health Care Financing Administration (HCFA) and the Joint Commission on Accreditation of Health care Organizations (JCAHO)].

Although the hospital's clinical and administrative teams established short-term goals and objectives to be addressed during the fiscal year, hospital management continued to focus on long-term goals which will have a significant impact on the overall operation of the hospital and will require implementation over an extended period of time. The efforts to attain these long-term goals, although modified from each previous fiscal year, continue to have a significant impact on the future of the hospital. These long-term goals and accompanying status reports are as follows:

- "Right-sizing" the program populations and total census:

  In FY 92, the concept of "right-sizing" the hospital census was developed as a result of strategic planning by management teams of the hospital and Behavioral Health Services. These planning efforts resulted in the identification of special hospital services not provided through community behavioral health settings and the number of patient beds that would be required to provide those services. At this time it was determined the hospital should provide care for patients requiring forensic/behavior management services, specialized services for adolescents, and general adult services.

During FY 93 the hospital implemented the "right-sizing" concept and was able to reduce the hospital's average daily census to 522 for FY 93, a decrease of 27 compared to the previous fiscal year. In FY 94 the average daily census was 456, a decrease of 66 compared to FY 93.

The efforts to decrease the total hospital census continued during FY 95 but the average daily census increased by 11, averaging 467. During FY 96, a reaffirmation of commitment and special funding allocations for the discharge of specifically identified hospital patients resulted in an average daily census for FY 96 of 422, a decrease of 45 compared to FY 95.

Continuous strategic planning of the management teams of the hospital and Behavioral Health Services have resulted in identifying a total patient population of 250 by the end of FY 97.

- New Program Development and Program Re-organization:

  The "right-sizing" of program populations (e.g. an increasing forensic/behavior management population and a decreasing general adult population) necessitated the hospital develop new programs and undergo a re-organization of treatment programs and treatment units. Additionally, the hospital needed to increase specialized forensic training and education for non-Medical Staff personnel, improve patient programs, and increase community mental health service providers participation in patient discharge planning to decrease the patient length of stay, and continually analyze the appropriate use of treatment resources.

- Automation Development:

  In order to meet the informational needs of the Medical Staff, clinical personnel, and various external surveying agencies, the hospital has a continuing need to develop a fully functional automation system to provide data for both improvement of clinical patient care and for cost effective and efficient decision-making. Additionally, the new automation system will need meet the automation reporting requirements of the Health Care Financing Administration (Medicare) and the Joint Commission on Accreditation of Health care Organizations (JCAHO).

- Hospital Renovation:

  During FY 96 the hospital implemented the legislative recommendations related to new construction and/or building renewal. This included completion of a feasibility study for hospital re-construction at a site on the current hospital grounds, as well as continued building renewal projects. The revised program plan and schematic design of the new 175 bed Forensic/Behavior Management Facility will be submitted to the Joint Committee on Capital Review by DOA Facilities Management in December 1996.

- Quality and Excellence:

  During FY 93 the hospital implemented the concepts of Total Quality Management (TQM) on a hospital-wide basis. This implementation included comprehensive training seminars for management personnel, the appointment of a committee to provide oversight and direction, specialized training for TQM coaches, and the establishment of multiple TQM teams to address selected issues to improve services provided the patients. During FY 94 and FY 95 the hospital continued to expand to concepts of Total Quality Management, empowering the hospital staff to recommend and initiate important changes in systems, procedures, the environment, and patient care to continuously seek improvement in the services provided.

  In FY 96 Total Quality Management (TQM) has been fully implemented at the hospital. Both the Joint Commission on Accreditation of Health care Organizations (JCAHO) and the Health Care Financing Administration (Medicare) establish the benchmarks against which the hospital is measured to ensure acceptable standards of patient care are provided. The Total Quality Management (TQM) concepts assist the hospital in continuously meeting the acceptable standards established by surveying organizations.

FUTURE OUTLOOK FOR THE HOSPITAL

The Arizona State Hospital continues to be a dynamic service, ever-changing to meet the needs of mentally ill individuals who require inpatient treatment and services.

Throughout Fiscal Year 97, the hospital will continue its efforts to attain each goal and to address the special issues impacting the future outlook of the hospital. The hospital is firmly committed to the "ASH Vision Statement" and the "ASH Mission Statement." Each will provide direction and a reaffirmed commitment for all hospital staff throughout Fiscal Year 97.

With continued support from Behavioral Health Services, the Arizona Department of Health Services, the mental health advocacy groups, the hospital's Advisory Board, the Governor's Office, the State Legislature, and the citizens, the Arizona State Hospital will restore and enhance the quality of life and health of persons with mental illness, advocate for the special needs of the mentally ill, and meet the needs of the mentally ill patients of the State of Arizona.

APPENDIX A

ORGANIZATIONAL STRUCTURE

ARIZONA DEPARTMENT OF HEALTH SERVICES

BEHAVIORAL HEALTH SERVICES

- ASH PSYCHIATRIC SECURITY REVIEW BOARD — A.R.S. 31-501
- COURT MONITOR
- BEHAVIORAL HEALTH PLANNING COUNCIL — PL 102-321
- SMI ADVISORY COUNCIL — A.R.S. 36-3406
- CHILDREN'S BEHAVIORAL HEALTH COUNCIL — A.R.S. 36-3421
- COUNCIL ON OFFENDERS WITH MENTAL IMPAIRMENTS — 1992 SESSION LAW

- OFFICE OF THE MEDICAL DIRECTOR
- ASH ADVISORY BOARD
- ARIZONA STATE HOSPITAL

PROGRAMS/SERVICES OFFICES

* Adult Seriously Mentally Ill
* Children's Services
* Substance Abuse/General Mental Health
* Prevention
* Planning
* Managed Care & Quality Management
* Financial/Administrative Services

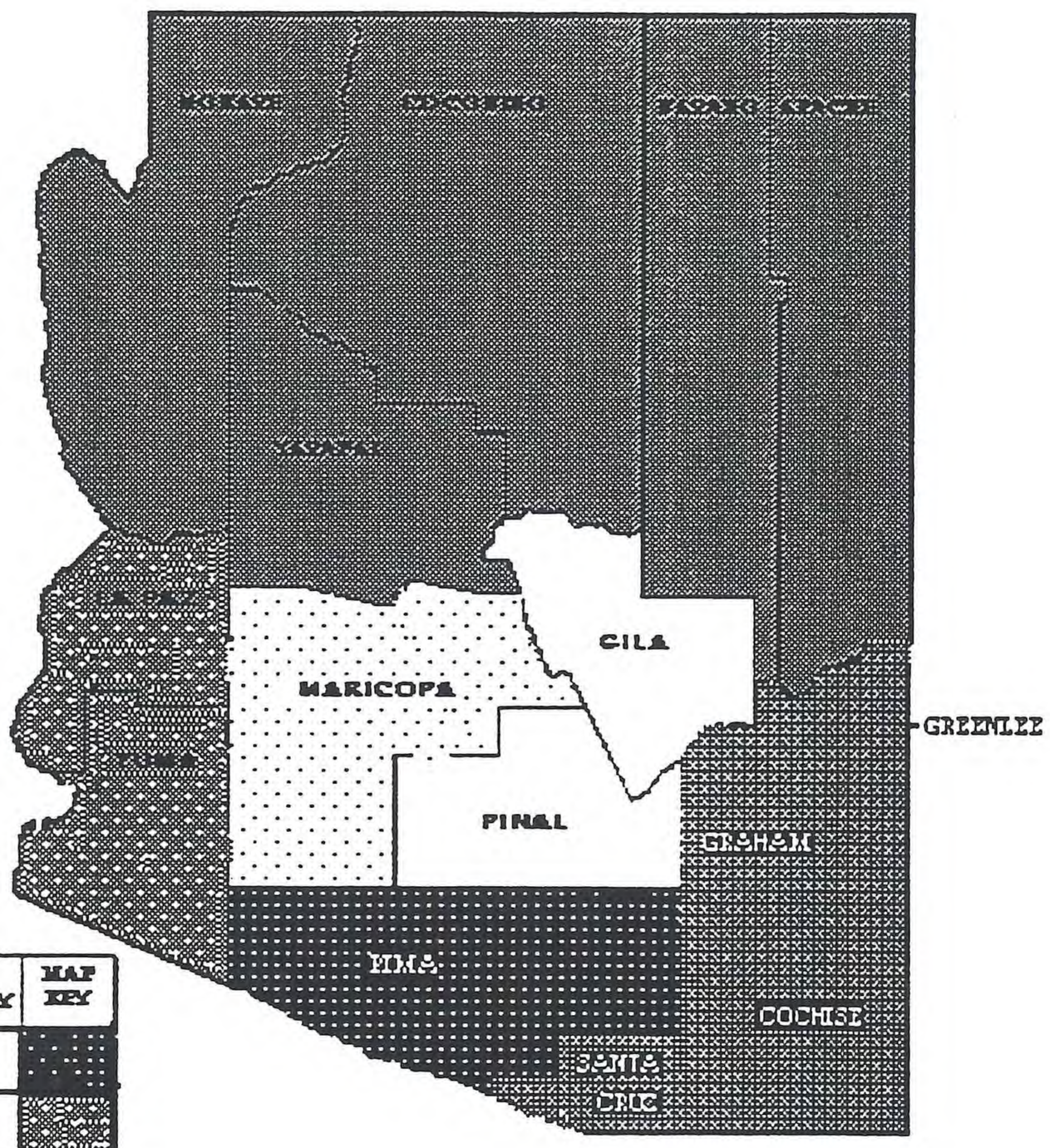
- INFORMATION TECHNOLOGY SERVICES (ITS)

REGIONAL BEHAVIORAL HEALTH AUTHORITIES (RBHAs)

* Behavioral Health Services (BHS)
* Community Partnership of Southern Arizona (CPSA)
* Community Partnership for Behavioral Health Care (COMCARE)
* Northern Arizona Regional Behavioral Health Authority(NARBHA)
* Pinal Gila Behavioral Health Association (PGBHA)

APPENDIX B

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
REGIONAL BEHAVIORAL HEALTH AUTHORITIES
GEOGRAPHIC SERVICE AREAS



REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA)	MAP KEY
CPSA-05	
BHS-YUMA	
COMCARE	
NARBHA	
PGBHA	
CPSA-03	

APPENDIX C

ADHS/BHS CLIENT INFORMATION SYSTEM
CLIENT SERVED REPORT
FOR 7/1/95 THROUGH 6/30/96, AS of 1/1/97

BY RBHA

	CHILDREN			SMI			NON-SMI								
	T19	Non T19	Children Subtotal*	T19	Non T19	SMI Subtotal*	General Mental Health T19	General Mental Health NonT19	Alcohol Abuse T19	Alcohol Abuse NonT19	Drug Abuse T19	Drug Abuse NonT19	Other Programs	Non-SMI Subtotal*	Unduplicated RBHA Total
YUMA	308	126	434	270	296	566	119	249	14	104	8	120	85	614	1,677
COMCARE	11,114	3,930	15,044	6,156	6,062	12,218	3,686	8,421	326	4,285	233	6,742	2,745	23,693	52,785
NARBHA	1,701	740	2,441	898	1,010	1,908	788	1,318	28	539	74	886	388	3,633	8,158
PGBHA	1,146	533	1,679	446	378	824	383	696	6	232	12	449	221	1,778	4,437
CPSA-5***	1,926	389	2,315	1,704	1,843	3,547	601	1,375	134	704	92	888	469	3,794	9,848
CPSA-3***	471	166	637	425	371	796	149	246	10	87	30	175	115	697	2,203
TOTAL	16,666	5,884	22,550	9,899	9,960	19,859	5,726	12,305	518	5,951	449	9,260	4,023	34,209	79,108

STATEWIDE

	CHILDREN			SMI			NON-SMI								
	T19	Non T19	Children Subtotal*	T19	Non T19	SMI Subtotal*	General Mental Health T19	General Mental Health NonT19	Alcohol Abuse T19	Alcohol Abuse NonT19	Drug Abuse T19	Drug Abuse NonT19	Other Programs	Non-SMI Subtotal*	Unduplicated RBHA Total
STATEWIDE**	16,816	5,949	22,765	9,898	9,944	19,842	5,721	12,323	518	5,946	449	9,257	4,024	34,214	79,244

* The subtotal columns may contain duplicated counts due to clients changing programs during the reporting period.

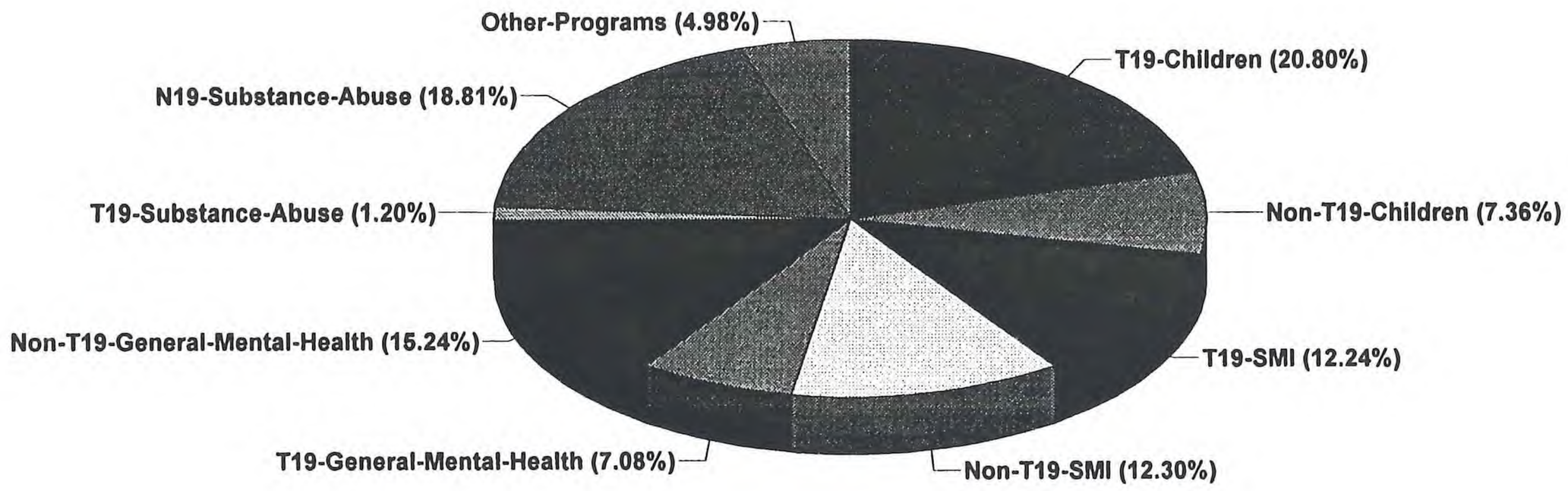
** The STATEWIDE statistics represent unduplicated counts at the statewide level, and may not equate to the summing of the RBHA statistics. Summing across RBHAs can cause duplicated counts due to clients transferring RBHAs.

*** Due to system transition, some CPSA and Yuma data are not currently reported. Therefore, for this period of time data are incomplete.

ADHS/BHS CLIENT INFORMATION SYSTEM

CLIENTS SERVED BY PROGRAM STATEWIDE

FOR 7/1/95 THROUGH 6/30/96, AS of 10/1/96



T19-Children	16,816
Non-T19-Children	5,949
T19-SMI	9,898
Non-T19-SMI	9,944
T19-General-Mental-Health	5,721
Non-T19-General-Mental-Health	12,323
T19-Substance-Abuse	967
N19-Substance-Abuse	15,203
Other-Programs	4,024

Statewide:	79,244

"Other Programs" includes Prevention/Early Intervention, Domestic Violence and Non-Registered Clients.

Program statistics may not be summed across programs, as clients may have been served by more than one Program.

APPENDIX D

ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 1995 - 1996

Funding Sources (General Operations Based on Budget Allocations):	
Personnel Services and Related Benefits - General Fund	$ 9,813,100
All Other Operating - General Fund	7,822,300
Disproportionate Funds	11,993,900
Non-Title 36 Revenue	475,000
Rental Income	686,261
Endowment Earnings	320,401
Patient Benefit Fund	62,000
Title XIX Revenue	100,900
Donations	21,000
Grants	12,500
Community Placement	1,399,100
Total Funding	$32,706,462
Expenditures:	
Personnel Services and Related Benefits	$21,627,136
Professional and Outside Services*	5,844,210
Travel (In-State)	41,506
Travel (Out-of-State)	6,826
Food	165,603
Other Operating	3,171,934
Capital Equipment	54,992
Assistance to Others	727,311
Total Cost of Operations	$31,639,518
Collections (Deposited to the General Fund):	
Medicare	$ 1,262,374
Family, Guardian, or Patient	560,356
Insurance	26,373
Social Security, V.A., or Railroad Retirement	224,215
Total Collections	$ 2,073,318

Daily Costs by Treatment Program:**	
General Adult Program	$215
Behavior Management Program	242
Psychosocial Rehabilitation Program	178
Extended Care Program	174
Geropsychiatry Program	192
Youth Services Program - Adolescent Treatment	417
Childrens' Treatment	646
Average	$212

* Contract Physicians, Outside Hospitalization Costs, Outside Medical Services, and privatization of Support Services

** Rates became effective 09/01/93.

27-Dec-96

DRAFT BHS ANNUAL REPORT FY 96

FY 1996 BEHAVIORAL HEALTH REVENUE
FROM 13TH MONTH USAS

		BEGINNING BALANCE	REVENUES	TOBACCO TAX REVENUE	SAMHC REVENUE	SMI BALANCE FORWARD	SMI REVENUE	DV BALANCE FORWARD	DOM VIOL REVENUE	ALC/DRUG BALANCE FORWARD	ALC& DRUG REVENUE	MH BAL FORWARD	MH REVENUE	CHILDREN BALANCE FORWARD	CHILDREN REVENUE	PREV BALANCE FORWARD	PREVENTION REVENUE	ADMIN OVERSIGHT BAL FOR	ADMIN OVERSIGHT REVENUE	TOTAL
FEDERAL																				
9940	CSP FAMILY EMPOWERMENT	($1,789)	$197,998			($1,789)	$197,998													$196,209
9941	HIV/AIDS OUTREACH	$0	$132,857							$0	$132,857									$132,857
9970	YUMA PERM HOUSING	($16,164)	$315,256			($16,164)	$315,256													$299,092
9982	CAPACITY EXPANSION	$0	$291,735							$0	$291,735									$291,735
9961	CODAMA PERM HOUSING	($2,128)	$978,299			($2,128)	$978,299													$976,171
9962	PHX SO PERM HOUSING	($28,419)	$317,405			($28,419)	$317,405													$288,986
9967	FAMILY VIOLENCE	($3,012)	$121,422					($3,012)	$121,422											$118,410
ALL	SHELTER PLUS CARE	$109	$2,208,354			$109	$2,208,354													$2,208,463
9803	MARICOPA CO ADULT PROB	$0	$776,000							$0	$776,000									$776,000
9942	NON INCARCERATED CRMNAL	($29,788)	$604,568							($29,788)	$604,568									$574,780
9938	PATH	($10,997)	$405,997			($10,997)	$405,997													$395,000
9933	SA REVOLVING FUND	$16,524	$577							$16,524	$577									$17,101
9981	SA PREG POST WOMAN	($49,549)	$875,675							($49,549)	$875,675									$826,126
9980	STATE DEMAND NEEDS ASSES	($2,899)	$507,779							($2,899)	$507,779									$504,880
9936	UMOM PER HOUSING	($14,415)	$50,375			($14,415)	$50,375													$35,960
	SUBTOTAL	($142,527)	$7,784,297	$0	$0	($73,803)	$4,473,684	($3,012)	$121,422	($65,712)	$3,189,191	$0	$0	$0	$0	$0	$0	$0	$0	$7,641,770
	MENTAL HEALTH BLOCK	($17,695)	$3,858,197			$0	$357,018							($17,695)	$3,363,723				$137,456	$3,840,502
	SUBTANCE ABUSE BLOCK	($34,491)	$18,002,602			$0					$14,073,741						$3,725,809	($34,491)	$203,052	$17,968,111
	SUBTOTAL BLOCK GRANTS	($52,186)	$21,860,799	$0	$0	$0	$357,018	$0	$0	$0	$14,073,741	$0	$0	($17,695)	$3,363,723	$0	$3,725,809	($34,491)	$340,508	$21,808,613
	TOTAL FEDERAL	($194,713)	$29,645,096	$0	$0	($73,803)	$4,830,702	($3,012)	$121,422	($65,712)	$17,262,932	$0	$0	($17,695)	$3,363,723	$0	$3,725,809	($34,491)	$340,508	$29,450,383

27-Dec-96

DRAFT BHS ANNUAL REPORT FY 96

FY 1996 BEHAVIORAL HEALTH REVENUE
FROM 13TH MONTH USAS

		BEGINNING BALANCE	REVENUES	TOBACCO TAX REVENUE	SAMHC REVENUE	SMI BALANCE FORWARD	SMI REVENUE	DV BALANCE FORWARD	DOM VIOL REVENUE	ALC/DRUG BALANCE FORWARD	ALC& DRUG REVENUE	MH BAL FORWARD	MH REVENUE	CHILDREN BALANCE FORWARD	CHILDREN REVENUE	PREV BALANCE FORWARD	PREVENTION REVENUE	ADMIN OVERSIGHT BAL FOR	ADMIN OVERSIGHT REVENUE	TOTAL
STATE																				
6001	GENERAL FUND		$3,702,200				$372,472				$147,834				$138,976		$60,069		$2,982,849	$3,702,200
61035	THIRD PARTY		$1,848,900																$1,848,900	$1,848,900
61055	DATA PROCESS		$1,500,000																$1,500,000	$1,500,000
70321	PSY REV BD		$81,200																$81,200	$81,200
61075	CLIENT SATISF		$100,000																$100,000	$100,000
61085	COMPUTER HRD		$996,000																$996,000	$996,000
61095	MANAGED CARE		$1,695,000																$1,695,000	$1,695,000
62003	CHILD TXIX		$19,506,300												$19,506,300					$19,506,300
6200	CHILDREN		$12,954,900												$8,375,316		$4,579,584			$12,954,900
62055	RESPITE CARE		$252,500												$252,500					$252,500
62095	SEH CHILD		$4,375,300												$4,375,300					$4,375,300
63003	SMI TXIX		$14,326,677				$14,326,677													$14,326,677
63005	SMI GERIATRIC		$2,211,800				$2,211,800													$2,211,800
63015	RES IP BEDS		$5,770,300				$5,770,300													$5,770,300
63025	HUD GRANTS COM		$70,000				$70,000													$70,000
6300	SMI NON TXIX		$44,244,023				$44,244,023													$44,244,023
63085	SMI CLOZARIL		$1,193,600				$1,193,600													$1,193,600
64003	SA/MH TXIX MATCH		$2,872,200								$1,120,158		$1,752,042							$2,872,200
64025	COMM THER TRTMNT		$1,700,000								$1,700,000									$1,700,000
6400	SUBSTANCE ABUSE		$11,278,500				$87,355				$9,321,280				$1,713,119		$156,746			$11,278,500
65045	MENTAL HEALTH		$8,107,100				$1,650,224						$6,022,752		$10,000		$424,124			$8,107,100
68001	SAMHC		$3,441,400		$3,441,400															$3,441,400
7100	ASH COM PLACEMENT TRTMT		n/a				n/a													$0
7150	ASH COM PLACEMENT DEV		n/a				n/a													$0
	TOTAL STATE		$142,227,900	$0	$3,441,400	$0	$69,926,451	$0	$0	$0	$12,289,272	$0	$7,774,794	$0	$34,371,511	$0	$5,220,523	$0	$9,203,949	$142,227,900

27-Dec-96

DRAFT BHS ANNUAL REPORT FY 96

FY 1996 BEHAVIORAL HEALTH REVENUE
FROM 13TH MONTH USAS

		BEGINNING BALANCE	REVENUES	TOBACCO TAX REVENUE	SAMHC REVENUE	SMI BALANCE FORWARD	SMI REVENUE	DV BALANCE FORWARD	DOM VIOL REVENUE	ALC/DRUG BALANCE FORWARD	ALC& DRUG REVENUE	MH BAL FORWARD	MH REVENUE	CHILDREN BALANCE FORWARD	CHILDREN REVENUE	PREV BALANCE FORWARD	PREVENTION REVENUE	ADMIN OVERSIGHT BAL FOR	ADMIN OVERSIGHT REVENUE	TOTAL
OTHER FUNDS -																				
9661	TXIX CHILDREN	($188,257)	$28,744,592											($188,257)	$28,744,592					$28,556,335
9662	TXIX CHILDREN ADMIN	($112,355)	$1,002,797												$155,836			($112,355)	$846,961	$890,442
9663	TXIX SMI	($7,517)	$28,029,759			($7,517)	$28,029,759													$28,022,242
9664	TXIX SMI ADMIN	($258,884)	$1,264,347				$195,248											($258,884)	$1,069,099	$1,005,463
9665	TXIX SA/MH	$0	$5,236,682							0	$2,042,306		$3,194,376							$5,236,682
9695	DES/ DDD TXIX	$565,365	$83,479			$265,722	$39,235							$299,643	$44,244					$648,844
	SUBTOTAL TXIX	($1,648)	$64,361,656	$0	$0	$258,205	$28,264,242	$0	$0	$0	$2,042,306	$0	$3,194,376	$111,386	$28,944,672	$0	$0	($371,239)	$1,916,060	$64,360,008
67008	ALCOHOL FINES	$63,027	$227,419							$63,027	$227,419									$290,446
67009	DRUG FINES	$188,800	$321,418							$188,800	$321,418									$510,218
9698	ICMP MARICOPA	$0	$149,738												$149,738					$149,738
96473	COMMERCE HOME TRI CITY	$0	$64,662				$64,662													$64,662
9681	COMMERCE HOME	$0	$160,779				$160,779													$160,779
67000	LIQUOR SERVICE FEES	$43,968	$35,225							$43,968	$35,225									$79,193
9660	MARICOPA COUNTY	$0	$9,164,534								$3,981,680		$2,182,854		$3,000,000					$9,164,534
9670	MARICOPA COUNTY SMI	$0	$24,214,662				$24,214,662													$24,214,662
9652	PIMA COUNTY	$0	$4,158,330				$522,440						$3,485,457		$150,433					$4,158,330
9632	YOUTH EARLY DIVERSION	$0	$58,240													$0	$58,240			$58,240
6301	ALCOHOL ABUSE TREATMENT	$198,881	$829,013							$198,881	$829,013									$1,027,894
	SAMHC "Other" Accounts		$3,397,224		$3,397,224															$3,397,224
9628	PASARR	$0	$163,802										$163,802							$163,802
87004	TOBACCO TAX	$0	$5,500,000	$5,500,000																$5,500,000
95601	INDIRECT COST ACCOUNT	$0	$41,429																$41,429	$41,429
	SUBTOTAL OTHER NON TXIX	$494,676	$48,486,675	$5,500,000	$3,397,224	$0	$24,962,743	$0	$0	$494,676	$5,394,755	$0	$5,832,113	$0	$3,300,171	$0	$58,240	$0	$41,429	$48,981,351
	TOTAL OTHER	$493,028	$112,848,331	$5,500,000	$3,397,224	$258,205	$53,226,985	$0	$0	$494,676	$7,437,061	$0	$9,026,489	$111,386	$32,244,843	$0	$58,240	($371,239)	$1,957,489	$113,341,359
	GRAND TOTAL	$298,315	$284,721,327	$5,500,000	$6,838,624	$184,402	$127,984,138	($3,012)	$121,422	$428,964	$36,989,285	$0	$16,801,283	$93,691	$69,980,077	$0	$9,004,572	($405,730)	$11,501,946	$285,019,642
Allocate Prevention Dollars																				
FEDERAL	$3,725,809														$3,725,809		($3,725,809)			$0
GEN FUND	$60,069														$60,069		($60,069)			$0
OTHER	$58,240														$58,240		($58,240)			$0
SPECIAL L	$5,160,454										$156,746		$424,124		$4,579,584		($5,160,454)			$0
Grand Tota	$9,004,572	$298,315	$284,721,327	$5,500,000	$6,838,624	$184,402	$127,984,138	($3,012)	$121,422	$428,964	$37,146,011	$0	$17,225,407	$93,691	$78,403,779	$0	$0	($405,730)	$11,501,946	$285,019,642

Arizona Department of Health Services
Division of Behavioral Health Services
2122 East Highland Avenue, Suite 100
Phoenix, Arizona 85016
(602) 381-8999